



Health and Social Care Scrutiny Committee

Date: WEDNESDAY, 27 FEBRUARY 2019
Time: 11.30 am
Venue: COMMITTEE ROOMS, WEST WING, GUILDHALL

Members: Chris Boden (Chairman)
Michael Hudson (Deputy Chairman)
Wendy Mead
Alderman Emma Edhem
Alderman Alison Gowman
Vivienne Littlechild MBE
Steve Stevenson

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Lunch will be served in the Guildhall Club at the rising of the Sub Committee

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**
2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**
To approve the minutes of the inquorate meeting held on 6 November 2018.
For Decision
(Pages 1 - 6)
4. **COMMITTEE WORK PLAN 2019/20**
Members are asked to consider items for inclusion in the work plan.
For Discussion
(Pages 7 - 8)
5. **INNER NORTH EAST LONDON (INEL) JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE (HOSC)**
Report of the Director of Community and Children's Services.
For Information
(Pages 9 - 22)
6. **HEALTH AND SOCIAL CARE INTEGRATION UPDATE**
A presentation from the Integration Programme Manager.
For Information
7. **CITY OF LONDON HEALTH PROFILE 2018**
Report of the Director of Community and Children's Services.
For Information
(Pages 23 - 32)
8. **2017/18 CLINICAL COMMISSIONING GROUPS (CCG) ASSESSMENTS FOR MENTAL HEALTH, DEMENTIA, LEARNING DIFFICULTIES AND DIABETES**
Report of the Director of Community and Children's Services.
For Information
(Pages 33 - 46)
9. **NHS 10 YEAR PLAN**
Report of the Director of Community and Children's Services
For Information
(Pages 47 - 54)
10. **DRAFT AIR QUALITY STRATEGY**
A report and presentation of the Interim Director of Consumer Protection and Market Operations.
For Information
(Pages 55 - 146)

11. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
12. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
13. **EXCLUSION OF THE PUBLIC**
MOTION - That under Section 100(A) 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 Part I of the Schedule 12A of the Local Government Act.

Part 2 - Non-Public Reports

14. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
15. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

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HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

Tuesday, 6 November 2018

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at the Guildhall EC2 at 11.30 am

Present

Members:

Michael Hudson (Deputy Chairman)

Steve Stevenson (Co-opted Member)

Officers:

Joseph Anstee

- Town Clerk's Department

Simon Cribbens

- Community & Children's Services Department

Also in attendance:

Jane Milligan

- East London Health Care Partnership

Dan Maher

- City and Hackney CCG

Jon Williams

- Healthwatch

Amanda Elliot

- Healthwatch

Dan Burningham

- City and Hackney CCG

The Town Clerk noted that the meeting was inquorate and therefore in line with Standing Order 36 of the Court of Common Council, the formal meeting would be dissolved, and consideration of business adjourned until the next regular meeting of the Committee. Noting that there were no items for decision on the agenda, Members agreed to discuss the items on the agenda, with minutes of the discussion to be taken to the next regular meeting of the Committee.

1. APOLOGIES

Apologies were received from Chris Boden (Chairman), Alderman Alison Gowman and Vivienne Littlechild.

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

Steve Stevenson declared a standing interest by virtue of being resident in the City of London.

3. MINUTES

Members agreed that as the meeting was inquorate, the minutes of the meeting held on 1 May 2018 would be taken to the next meeting of the Committee for formal approval.

Employment for People with a Learning Disability

The Director of Community and Children's Services, by way of an update, informed Members that the City of London Corporation was currently working with twelve adults with learning disabilities. Seven of these adults were of

working age and were able to work, and of these seven, four were currently in volunteering placements, two were in work experience placements, and one was undertaking a qualification.

4. **EAST LONDON HEALTH & CARE PARTNERSHIP**

The Committee received a briefing paper of the East London Health Care Partnership (ELHCP) and welcomed Jane Milligan, Executive Lead for the Partnership, to the meeting.

The ELHCP involved all CCGs and providers in the North East London area along with the local authorities. A plan for North East London had been produced as a response to the five-year forward view, focussing on quality, performance and finance. A ten-year plan was to be published in December. Members were given an overview of the ELHCP and its aims, objectives and key enablers.

The ELHCP aimed to underpin and support local delivery and commissioning, share good practice, and achieve consistency and joined-up thinking at clinical level. Workforce was a key enabler and the Partnership had strategies in place to strengthen this area. A particular focus of this work was midwives, where particular focus and targeted work on the recruitment process, including training and placements had achieved zero vacancies across the North-East London. GPs and Social Workers were also considered to be key areas for focus where the ELHCP wanted to apply its strategies. A joined-up approach also made the partnership more able to bid for resources. As stakeholders became used to working together the methods would be progressed further.

Members were also given an overview of commissioning arrangements under the ELHCP. A joint committee, on which the City of London Corporation was represented, had been set up. Integrated commissioning arrangements were being replicated across the area, as it was helpful to have congruence, particularly for work with acute providers. There had been achievements in a number of areas following ELHCP work, and the Partnership would continue to look at local delivery and leverage the power of working together to achieve more.

Members emphasised the need for effective prevention methods to tackle issues such as smoking, diabetes and loneliness. In response, Members were advised that this highlighted the need for a more holistic approach, and the ELHCP offered an opportunity to make progress in these areas. Central government had also announced an emphasis on prevention going forward. The neighbourhood-based approach of the ELHCP would also be useful to this effect.

The key areas of the ELHCP 10-year plan included mental health, cancer, paternity and primary care. There would also be a greater emphasis on integrated care and an approach that ensured the Sustainability and Transformation Partnership was not seen as top-down. The City and Hackney programme had been showcased as part of the announcements and the ELHCP was finding the flows and tools to support the holistic model and

integrated services. North-East London had been a leader for London in digital capabilities and this was well-placed to be taken forward.

Members were advised that there was a London Workforce Board in place to consider issues relating to Brexit. Workforce modelling and analysis had been undertaken, particularly for acute services. The current position was that there would not be a significant overall impact on the existing workforce, although there may be some impact on social care. More joined-up recruiting and retaining of staff would be beneficial regardless of any impact of Brexit.

The 10-year plan had a five-year break clause but would be under review on an ongoing basis, with engagement and consultation involving local people and patient involvement leads, with a co-production charter under development. The ELHCP wanted to build on the good work already done in City and Hackney.

Members thanked Jane Milligan for attending and for her excellent presentation.

RESOLVED – That the report be noted.

5. UPDATE ON NEIGHBOURHOOD HEALTH AND CARE SERVICES

The Committee received an update on Neighbourhood Health and Care Services from City and Hackney CCG and welcomed Dan Maher, City and Hackney CCG, to the meeting.

Members were advised that work had been undertaken to build resources at local level. A vision for neighbourhood services had been clearly articulated and as a result community health contracts had been redesigned, and would be transformed over the next eighteen months. A Task and Finish group amongst commissioners had been convened to design the case for changes and consider how to deliver services, and would meet until March 2019.

The neighbourhood model was attractive for a number of reasons, such as the opportunities it brought for social inclusion. As patients were living longer and therefore using services longer, services closer to home were required in order for patients to live more ordinary lives. More personalised or wrapped services would also be available.

Members were given a map setting out neighbourhoods in City and Hackney and an overview of GP services in the area. The neighbourhood model would ensure relationships with children's services. The next steps for the model were around redesigning social care input, with further ambitions of restructuring housing in the future. Detailed procurement for the immediate next steps were underway.

Members were advised that appointments had been made to help convene integrated care service work and that the neighbourhood model in City and Hackney would interface with partners in Tower Hamlets and North Central to ensure that residents living near neighbourhood borders, or patients who used

services in multiple places, were catered for appropriately and not missed out. The neighbourhood model provided an opportunity to bring some services closer to City residents for whom Homerton may be too far. Members were advised that the community health centre near Aldgate station was still operating and provided some GP services. The centre was commissioned by Tower Hamlets and would be moving to Goodman's Field in the future.

The Committee thanked Dan Maher for attending and for his valuable contributions to the meeting.

RESOLVED – That the report be noted.

6. HEALTHWATCH UPDATE

The Committee welcomed Jon Williams and Amanda Elliot, representing Healthwatch Hackney, to the meeting to provide an update on Healthwatch.

Members were advised that Healthwatch Hackney had taken on the Healthwatch City of London contract in April 2018. Separate boards had now been agreed, although there may be joint meetings, and there would be representatives from each Board on the other. The two Boards would aim not to duplicate work and to work effectively together to provide the best service for the City and Hackney area as a whole. Interviews for the Chair of the City of London board were to take place later in the week, and it was hoped more information could be brought to the next meeting of the Committee. The AGM in October 2018 had been well-attended and Healthwatch wanted to build on that.

A Member queried whether the Healthwatch City of London contract could be delivered without unpaid staff, as it had previously been somewhat reliant on the assistance of volunteers and board members. Healthwatch responded that this was an area under development. Healthwatch wanted to continue to have volunteer-led projects and to ensure that volunteers were valued, as they were of great benefit to Healthwatch. A Healthwatch representative regularly attended Hackney's committee for health scrutiny and the same could be done for City of London, with Healthwatch feeding in to the Committee's work programme.

Members suggested that as there were a significant number of private medical facilities in the City of London, it may be beneficial to Healthwatch's work to visit them, as evidence from patients on their experiences helped Healthwatch with their key lines of enquiry.

Members thanked Jon Williams and Amanda Elliot for attending and for their contributions to the meeting.

7. SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) CITY OF LONDON LOCAL AREA INSPECTION OUTCOME – MAY 2018

The Committee received a report of the Director of Community and Children's Services providing an update to Members on the outcome of the City of London Local Area Inspection on Special Educational Needs and Disabilities (SEND) in May 2018.

Members praised the department for the very positive inspection report. The Committee noted that some of the areas for development were out of the City of London Corporation's control such as GP services.

The Director of Community and Children's Services gave Members an overview of the main findings of the inspection report and work that was ongoing to maintain or improve services, including work on data collection, the SENCO network, mental health and co-production. There were clear systems in place with services working well, but the department retained strong ambitions. There was a strong desire to build on the work done on transitions and outcomes, particularly with regard to adult social care, and officers were currently exploring projects around the overarching transition to adulthood and pathways to independent living.

RESOLVED – That the report be noted.

8. NORTH EAST LONDON CCGS - HEALTH BASED PLACES OF SAFETY (HBPOS)

The Committee received a briefing paper of City and Hackney CCG regarding Health Based Places of Safety (HBPOS), spaces where people could be detained under Section 136 of the Mental Health Act and assessed, and welcomed Dan Burningham, representing City and Hackney CCG, to the meeting.

The Committee was given an overview of the proposal for a new model of care for individuals detained under Section 136 and were given a summary of the issue in relation to the City of London, within the wider London context. The proposals had originated from the Healthy London Partnership, to develop a Pan-London initiative that would reduce the number of HBPOS sites from 20 to 9, in order to provide better-quality facilities with round-the-clock care and dedicated, fully-trained and experienced Section 136 staff.

Locally, there were several sites in boroughs neighbouring the City of London, but each had limitations in their current state. Under the preferred option to take forward, there would be a dedicated HBPOS at Homerton Hospital (3 rooms), re-located to offer better patient privacy and dignity and staffed with a dedicated core staff team. There were also grants in place from the Department of Health, and further business cases being devised, for new facilities and new staffing in North-East London, in recognition that mental health facilities in the area needed improvement on a wider level.

A Member suggested that the paper would benefit from more emphasis on the patients, as it was mostly from the point of view of practitioners rather than patients and that perspective was important. Members were advised that there had been service user representatives on groups involved in developing the proposals and in consultations. The built environment of the HBPos was important, as it needed to balance safety requirements without feeling like a prison cell. Service user representatives would also be involved in the design group.

In response to a query, Members were advised that the average time a patient spent in the HBPOS was 12 hours, with a maximum of 24 hours in place. Under the proposals, the aim was for an average of 10.5 hours. Whilst elements of the funding were still under consideration and could cause delay, the current timescale was for new facilities to be ready by July 2019. Members were assured that no existing facilities would be closed until new facilities were ready for use.

Members thanked Dan Burningham for attending and for his contributions to the meeting. Comments from Members on the proposal and on the paper would be taken on board as the proposals were taken forward.

RESOLVED – That the report be noted.

9. **ANNUAL WORKPLAN**

The Committee received a report of the Town Clerk setting out the Committee's annual workplan. Members requested that Air Pollution be brought back to the next meeting of the Committee.

RESOLVED – That the report be noted.

10. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

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

There was no other business.

The meeting closed at 12.55 pm

Chairman

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Agenda Item 4

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

SUGGESTED ITEMS FOR THE WORKPLAN 2019/20

- Annual Healthwatch Report
- Annual report of City and Hackney Adults Safeguarding Board
- Delayed Transfers of Care, including the outcome of the 'Discharge to Assess' pilot
- East London Health and Care Partnership and the North East London Commissioning Alliance
- Impact of Cuts to Pharmacy Enhanced Services
- Integrated Commissioning – CYP and Maternity Workstream/Planned/Unplanned Care Workstream/Prevention Workstream
- Making Every Contact Count
- Market Making in Adult Social Care
- Mental Health within IC Workstreams
- Neighbourhood Model for Health and Social Care
- NHS North East London Commissioning Alliance
- Obesity Strategic Partnership Briefing
- Public Involvement and Transparency in Local Integrated Commissioning and ELHCP
- Reducing Social Isolation in Older People
- Review on Digital Primary Care/Supporting Adult Carers
- Tobacco Control
- Vaccine preventable disease and childhood immunisations

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Committee: Health and Social Care Scrutiny Committee	Date: 27/02/2019
Subject: Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (HOSC)	Public
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Robert J Brown, Senior Scrutiny Policy Officer, LB Newham (on behalf of INEL HOSC)	

Summary

This report presents the recently revised Terms of Reference of the Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (HOSC).

Recommendation:

Members are asked to:

- Note the report.

Main Report

Background

1. The Inner North East London Joint Health and Overview Scrutiny Committee brings together the local authorities of the City of London Corporation, LB Newham, LB Tower Hamlets and LB Hackney. It is proposed that LB Waltham Forest joint the INEL HOSC to reflect structural changes to the Clinical Commissioning Groups which have created a single managing director for the Waltham Forest, Newham and Tower Hamlets footprint.

Appendices

1. INEL HOSC Terms of reference and Substantial Variation Protocol

Background Papers

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Appendix 1

INNER NORTH EAST LONDON (INEL) JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

TERMS OF REFERENCE

(draft as at 15 February 2019)

INTRODUCTION

1. Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (Reg 30) ensure that there are sufficient scrutiny procedures and policies in place to cover the cross-Borough wide NHS Sustainability and Transformation Plan (STP).

ROLE

2. Consider and respond to any health matter which:
 - 2.1. Impacts on two or more participating local authorities or on the sub region as a whole, and for which a response has been requested by NHS organisations under Section 244 of the NHS Act 2006; and
 - 2.2. All participating local authorities agree to consider as an INEL JHOSC
3. To collectively review and scrutinise any proposals within the STP that are a substantial development / variation of the NBS or the substantial development / variation of such service where more than one local authority is consulted by the relevant NHS body pursuant to Reg 30;
4. To collectively consider whether a specific proposal within the STP that's is not a substantial development or variation is only relevant for one authority and therefore should be referred to that local authority's Health Scrutiny Committee for scrutiny;
5. In the event that a participating local authority considers that it may wish to consider a discretionary matter itself rather than have it dealt with by the joint committee it shall give notice to the other participating councils and the joint committee shall then not take any decision on the discretionary matter (*other than a decision which would not affect the council giving notice*) until after the next full Council meeting of the council giving notice in order that the council giving notice may have the opportunity to withdraw delegation of powers in respect of that discretionary matter;
6. To require the relevant local NHS body to provide information about the proposals under consideration and where appropriate to require the attendance of a representative of the NHS body to answer such questions as appear to it to be necessary for the discharge of its function;
7. Make reports or recommendations to the relevant health bodies as appropriate and/or the constituent authorities' respective Overview and Scrutiny Committees (OSC) or equivalent;
8. Each Council to retain the power of referral to the Secretary of State of any proposed "substantial variation" of service, so this power is not *solely* delegated to the JHOSC.
9. To review the procedural outcome of consultations referred to in any substantial development / variation, particularly the rationale behind contested proposals;



10. To undertake in-depth thematic studies in respect of services to which the NHS Trusts contribute and where a study is done on a Trust wide and cross borough basis;
11. To take account of relevant information available and in particular any relevant information provided by Healthwatch under their power of referral;
12. To maintain effective links with Healthwatch and other patient representative groups and give consideration to their input throughout the Scrutiny process;

MEMBERSHIP

13. The INEL JHOSC will be a committee serviced by the participating local authorities on a two-yearly cycle – *the current local authority hosting the INEL JHOSC is the London Borough of Newham* in accordance with section 101(5) of the Local Government 1972;
14. The membership shall be made up of three members from each of the larger participating local authorities and one from the City of London Corporation; making a total of 10 members, with each council's membership being politically proportionate and with non-executive councillors making up the membership.
15. Substitutions will be accepted if a councillor is not able to attend a meeting of the JHOSC and that councillor has informed the Chair and Scrutiny Officer five working days in advance of the meeting.
16. Guidance suggests that co-opting people is one method of ensuring involvement of key stakeholders with an interest in, or knowledge of, the issue being scrutinised. This is already a power of overview and scrutiny committees by virtue of the Local Government Act 2000. However, the Guidance also recommends other ways of involving stakeholders by, for example, giving evidence or by acting as advisers to the committee.
17. A Chair (from the host authority) will be appointed by the JHOSC at the first meeting.
18. A vice-Chair (from non host local authorities) will be appointment by the JHOSC at the first meeting. Where agreed, a second vice-Chair may also be nominated to ensure parity across the Membership.

QUORUM

19. The quorum for meetings will be one Councillor from three of the four Boroughs.
20. If a quorum is not reached 30 minutes after the time appointed for the start of the meeting, the meeting will stand adjourned.
21. During any meeting, if the Chair counts the number of members present and declares there is not a quorum present, then the meeting will adjourn immediately.
22. Remaining business will be considered at a time and date fixed by the Chair of Council. If he/she does not fix a new date, then the remaining business will be considered at the next meeting.



DECISION MAKING PROCESS

23. Decisions will be taken by consensus. Where it is not possible to reach a consensus, a decision will be reached by a simple majority of those members present at the meeting. Where there are equal votes the Chair will have the casting vote.

REPORTING ARRANGEMENTS

24. Prior to the agenda for each meeting of the JHOSC being finalised officers will convene a planning / pre-meeting with the Chairs of the individual HOSC's or their nominee, along with key individuals presenting papers from the NHS and other informal briefings as considered appropriate;
25. In terms of the JHOSC's conclusions and recommendations the Guidance says that one report has to be produced on behalf of the JHOSC. The final report shall reflect the views of all local authority committees involved in the JHOSC. it will aim to be a consensual report.
26. In the event there is a failure to agree a consensual report the report will record any minority report recommendations. At least seven members of the JHOSC must support the inclusion of any separate minority report in the committee's final report.
27. Any report produced by the JHOSC will be submitted to the local authority's council meetings for information.
28. The NHS body or bodies receiving the report must respond in writing to any requests for responses to the report or recommendations, within 28 days (*calendar, not working*) of receipt of the request.
29. In the event that any local authority exercises its right to refer a substantial variation to the Secretary of State, it shall notify the other local authorities of the action it has taken and any subsequent responses.

FREQUENCY AND ADMINISTRATION

30. INEL JHOSC to meet quarterly, with at least one meeting within a 12 month period aligned with ONEL JHOSC to consider issues that cover the STP footprint;
31. To constitute and meet as a Committee as and when participant boroughs agree to do so subject to the statutory public meeting notice period;
32. Meetings will usually be led by each authority rotating on a two-yearly basis with the Chair being a councillor from the current lead local authority;
33. The lead authority will be responsible for the servicing of the JHOSC. Suitable officer resources (Legal, Democratic) will be provided to meet the requirements of the committee. This includes (but is not restricted to):
 - 33.1. providing legal advice;
 - 33.2. liaising with health colleagues ahead of the meeting;
 - 33.3. updating action sheets from previous meetings;
 - 33.4. producing agenda papers and co-ordinating public forum;
 - 33.5. creating formal minutes and actions sheets;



34. If there is a specific reason, for example, if the issue to be discussed relates to a proposal specific to the locality of one Local Authority area the meeting venue can change to a more appropriate venue. The lead Local Authority would remain the same, even if the venue changes;
35. Any changes to the host authority must be agreed by the committee;
36. Agenda and supporting papers to be circulated and made publicly available at least five working days before the meeting;
37. Actions to be circulated to those with actions as soon as possible after the meeting – no later than 48hrs following the meeting;
38. Minutes of the meeting to be circulated within 10 working days of the meeting;
39. Meetings to be held in public, with specific time allocated for public questions;

PETITIONS, STATEMENTS AND QUESTIONS

40. Members of the public and members of council, provided they give notice in writing or by electronic mail to the proper officer of the host authority (and include their name and address and details of the wording of the petition, and in the case of a statement or question a copy of the submission), by no later than 12 noon **ONE WORKING DAY BEFORE** the meeting, may present a petition, submit a statement or ask a question at meetings of the JHOSC. The petition, statement or question must relate to the terms of reference and role and responsibility of the committee;
41. The total time allowed for dealing with petitions, statements and questions at each meeting is thirty minutes;
42. Statements and written questions, provided they are of reasonable length, will be copied and circulated to all members and will be made available to the public at the meeting;
43. There will be no debate in relation to any petitions, statements and questions raised at the meeting but the committee will resolve;
 - 43.1. “that the petition / statement be noted”; or
 - 43.2. if the content relates to a matter on the agenda for the meeting: “that the contents of the petition / statement be considered when the item is debated”;

RESPONSE TO QUESTIONS

44. If a sufficient response cannot be provided at the meeting to resolve a matter then the Questions will be directed to the appropriate Director. Appropriately redacted copies of responses will be published on the host authority’s website within 28 days.
45. Details of the questions and answers will be included on the following meeting’s agenda.



PRINCIPLES OF EFFECTIVE SCRUTINY

46. Scrutiny undertaken through the JHOSC will be focused on improving the health and health services for residents in areas served by the JHOSC through the provision and commissioning of NHS services for those residents;
47. Improving health and health services through scrutiny will be open and transparent to Members of the Local Authority, health organisations and members of the public.
48. All Members, officers, members of the public and patient representatives involved in improving health and health services through scrutiny will be treated with courtesy and respect at all times.
49. Improving health and health services through scrutiny is most likely to be achieved through co-operation and collaboration between representatives of the various Local Councils, NHS Trusts, representatives of Healthwatch and the Clinical Commissioning Groups commissioning hospital services;
50. Co-operation and joint working will be developed over time through mutual trust and respect with the objective of improving health and health services for local people through effective scrutiny.
51. All agencies will be committed to working together in mutual co-operation to share knowledge and deal with requests for information and reports for the JHOSC within the time scales set down.
52. The JHOSC will give reasonable notice of requests for information, reports and attendance at meetings.
53. The JHOSC, whilst working within a framework of collaboration, mutual trust and co-operation, will always operate independently of the NHS and have the authority to hold views independent of other Members of representative Councils and their Executives;
54. The independence of the JHOSC must not be compromised by its Members, by other Members of the Council or any of the Councils' Executives, or by any other organisation it works with;
55. Those involved in improving health and health services through scrutiny will always declare any particular interest that they may have in particular pieces of work or investigation being undertaken by the JHOSC and thus may withdraw from the meeting as they consider appropriate;
56. The JHOSC will not to take up and scrutinise individual concerns or individual complaints.
57. Where a wider principle has been highlighted through such a complaint or concern, the JHOSC should consider if further scrutiny is required. In such circumstances it is the principle and not the individual concern that will be subject to scrutiny.



INNER NORTH EAST LONDON (INEL) JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Substantial Variation Protocol

Background

The Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (the “JHOSC”) is responsible for undertaking the joint health scrutiny function across local authority boundaries, as set out in:

- [National Health Service Act 2006](#);
- [Health and Social Care Act 2012](#);
- [Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) Regulations 2013](#);
- [Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny](#).

There is also statutory guidance for NHS commissioners that is relevant to health scrutiny and public consultation:

- [Patient and Public Participation in commissioning health and care: Statutory guidance for Clinical Commissioning Groups \(CCG\) and NHS England \(NHSE\)](#).

The JHOSC is responsible for reviewing and scrutinising any matter relating to the planning, provision and operation of the health services in joint areas and across boroughs.

The 2013 Regulations require that where there are proposed substantial developments / variations to health services in an area, the responsible organisations must consult with the JHOSC.

The health scrutiny guidance is clear that the commissioner is responsible for undertaking the consultation (4.3.1):

“In the case of substantial developments or variation to services which are the commissioning responsibility of CCGs or NHS England, consultation is to be done by NHS commissioners rather than providers i.e. by the relevant CCG(s) or NHS England. When these providers have a development or variation “under consideration” they will need to inform commissioners at a very early stage so that commissioners can comply with the requirement to consult as soon as proposals are under consideration.”

The JHOSC must invite the views of interested parties and take into account any relevant information made available to it; including Healthwatch in particular.

The JHOSC has the power to make reports and recommendations, and there is a duty on the local health services and providers to consider and respond formally.

The regulations state where a recommendation is not agreed by the commissioner, it must:

- Notify the committee of the disagreement;
- Work with the committee to take reasonable steps.



The regulations do not define what qualifies a substantial development / variation, however, the guidance suggests that a locally agreed protocol is in place between the health scrutiny function and commissioners.

Principles

This protocol and the guidance on when to submit items to the JHOSC is provided to support the following:

- Give a clear understanding of roles and responsibilities for elected officials, commissioners, providers and health scrutiny members;
- Ensure effective delivery of health scrutiny's primary aim:
 - to strengthen the voice of local people;
 - ensure needs and experiences are considered as an integral part of the commissioning and delivery of health services; and
 - that those services are effective and safe.”¹
- Strengthen and enhance the role of public involvement in respect to commissioning health services;
- Ensure compliance with statutory powers and duties related to substantial developments / variations, as well as modelling best practice in respect to the role of joint health scrutiny.

The guidance encourages early engagement with joint health scrutiny in order to establish how best to consult on any proposals.

It is important to note that any agreement with the joint health scrutiny committee does not alter the wider duty to consult service users placed on NHS organisations. In particular, any decision regarding whether a proposed change does not constitute a “substantial reconfiguration” will not impact on the wider duty to consult as set out under sections 14Z2 and 242 of the NHS Act 2006.

This is important as it will ensure there is a clear record of health scrutiny being involved in early planning discussions, and a clear audit trail in case a decision is challenged in the process. Compliance with the process reduces the risk of decisions being delayed, put on hold or subject to judicial review.



What are the other Boards?



Health Scrutiny Board *what is it?*

The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.

Health Scrutiny is part of the accountability of the whole system and needs the involvement of all parts of the system. Engagement of relevant NHS bodies and relevant health service providers with health scrutiny is a continuous process.

Health Scrutiny should be outcome focused, looking at cross-cutting issues, including general health improvement, wellbeing and how well health inequalities are being addressed, as well as specific treatment services.

Local Authority Health Scrutiny, June 2014



Health and Wellbeing Board *what is it?*

The Health and Wellbeing Board is responsible for producing a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS). It also has a role in promoting integration between Health and Social care.

Membership of the Health and Wellbeing Board is set out in the [Health and Social Care Act 2012](#) and comprises:

- Elected members;
- Council officers;
- Representatives of partner organisations including:
 - Clinical Commissioning Group;
 - Healthwatch; and in some instances
 - Police; and
 - Local Authority.



What is the JHOSC?



Joint Health and Overview Scrutiny Committee (JHOSC)

what is it?

The [Inner North East London Joint Health Overview and Scrutiny Committee](#) (INEL JHOSC) is a joint committee made up of a delegated number of scrutiny Councillors from the London Boroughs of Hackney, Newham, Tower Hamlets and the City of London Corporation to consider health scrutiny issues across the subregion.

The Committee's remit is to consider London wide and local NHS service developments and changes that impact all the authorities mentioned above. The Committee meets as required and is established in accordance with section 245 of the NHS Act 2006 and Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002.



JHOSC

arrangements and items for scrutiny:

Local Authorities may appoint a discretionary joint health scrutiny committee (reg 30) to carry out all or specified health scrutiny functions, for example health scrutiny in relation to health issues that cross local authority boundaries. Establishing a joint committee of this kind does not prevent the appointing local authorities from separately scrutinising health issues, however there are likely to be occasions on which a joint committee is the best way of considering how the needs of a local population, which happens to cross council boundaries, are being met. (Local Authority Health Scrutiny, June 2014)

- engagement type papers:
 - where input from councillors is invited but where they have not worked up final proposals and are in the middle of other types of consultation at the same time e.g. PPIs or public consultation
- something that is just about to be formally agreed by a decision maker but goes to Scrutiny first to provide some political cover (the urgent stuff)





Process for deciding what constitutes a substantial variation and items for consideration:



INEL JHOSC *items for consideration:*

Regulation 30 also requires local authorities to appoint joint committees where a relevant NHS body or health service provider consults more than one local authority's health scrutiny function about substantial reconfiguration proposals. In such circumstances, Reg 30 sets out the following requirements:

- ONLY the JHOSC may respond to the consultation and not the individual local authorities;
- ONLY the JHOSC may exercise the power to require the provision of information by the relevant NHS body or health service provider about the proposal;
- ONLY the JHOSC may exercise the power to require members or employees of the relevant NHS body or health service provider to attend before it to answer questions in connection with the consultation.

There should be an initial discussion and agreement between the NHS and local authority Scrutiny Officer about whether or not a proposed change constitutes a substantial development / variation. The commissioner will contact the committee scrutiny officer to discuss the details of the proposed change.



INEL JHOSC *items being submitted:*

Does the proposal or formal substantial variation* cover two or more of the following local authorities: City of London, Hackney, Newham, Tower Hamlets, Waltham Forest?

If no, then it may need to go to the local Health Overview & Scrutiny Committee or to a local Health and Wellbeing Board instead.

If yes, then it needs to come to INEL to endorse a specific proposal or to engage on options being considered.

Consulting Overview and Scrutiny is just one engagement process which you may be required to consider amongst others e.g. full public consultation. Is this paper presenting proposals which INEL now needs to endorse?

If no, then the paper is not ready for submission to JHOSC.

If yes, then please ensure the paper clearly states that INEL is being invited to 'Endorse' the proposal.

Has the paper already been through other consultation or engagement processes and is ready to be presented for endorsement by INEL?

If no, then the paper is not ready for submission to INEL for final endorsement and Councillors won't have had an opportunity to consider patient and public concerns.

If yes, then please ensure the paper clearly summarises the results of your other consultation activity and the recommendation(s) you are making as a result.

* a substantial variation is considered to be a major change to services that affect patients.

The item will then be referred to the JHOSC Chair and vice-Chairs, along with any recommendations.



The Chair will make a decision on the basis of the evidence; the following factors should form the basis of their consideration:

- Changes in accessibility of services;
- Impact of proposal on the wider community;
- Numbers of patients affected;
- Numbers of staff affected;
- Methods of service delivery;
- The impact on specific groups of patients, eg: older people, those with mental health conditions or those with a life-long condition.

The scrutiny officer will confirm with commissioners in writing the outcome of this discussion, and schedule an agenda item for a future meeting.

The guidance states that the JHOSC and the commissioner should try to reach a consensus about what qualifies as a substantial variation. Where disagreement arises, it is recommended that the commissioner seek the advice of the Independent Reconfiguration Panel.

The JHOSC reserves the right to make a referral to the Secretary of State if an agreement cannot be reached (sec 224 (2ZA) National Health Services Act 2006 as amended).

The JHOSC may also request items to be brought to a meeting if members feel strongly that certain areas or items need further scrutiny.



INEL JHOSC

items being requested:

On occasion, INEL JHOSC Members may request certain items, which they believe may be consistent with a substantial variation, and which cover two or more of the following Boroughs: City of London Corporation, Hackney, Newham, Tower Hamlets, Waltham Forest.

If NHS Partners believe the item does not meet the criteria for JHOSC, they are able to discuss this further with the JHOSC Chair and Scrutiny Officer. If a joint decision is made that it does NOT meet the criteria, then it will be referred to their respective JHOSC.

If the decision is made to Agenda the item, the Scrutiny Officer will work with NHS Partners, the Chair and Witnesses to ensure papers are ready and appropriate timings scheduled.

INEL JHOSC Scrutiny Officer will ensure item is on appropriate Agenda to allow papers to be presented and recommendations to be reviewed.

Following meeting, the Scrutiny Officer will continue to liaise with NHS partners to ensure recommendations are accurately fed back and to ensure INEL JHOSC Members are kept abreast of current issues and receive responses to any additional questions they submit.

* a substantial variation is considered to be a major change to services that affect patients.



PROPOSED
Substantial Development / Variation Discussion Pro-forma form:

Substantial Variation Discussion Pro-forma	
What is the change proposed? <i>(for example relocation of wards, change of service model, closure of services)</i>	
What is the likely impact of the change?	
How many patients are likely to be affected? <i>(include specific groups where identified)</i>	
To date, how have people been involved in the planning for the change?	
What is the timescale for the change and what consultation activity is planned?	
Has this topic been considered by the committee before, and if so what was the outcome?	
What equalities impact analysis has been undertaken, and what were the key findings?	



What Recommendations /
Endorsements are you requesting
from the JHOSC?

Committee: Health and Social Care Scrutiny Committee – For Information	Date: 27 February 2019
Subject: City of London Health Profile 2018	Public
Report of: Andrew Carter – Director of Community & Children’s Services	For Information
Report author: Xenia Koumi – Department of Community & Children’s Services	

Summary

The City of London Health Profile 2018 was published in July (see Appendix 1). Public Health England produces Health Profiles for local authorities that contain summary information on the health of the people in each local authority area and factors that may influence their health.

Recommendation

Members are asked to:

- Note the City of London Health Profile 2018 and consider how they might use it to shape their forward-planning process.

Main Report

Background

1. Public Health England (PHE) produces Health Profiles for local authorities that contain summary information on the health of the people in each local authority area and factors that may influence their health. Health Profiles are Official Statistics, published by PHE according to the Statistics Release Calendar.
2. The Health Profiles provide a snapshot overview of health for each local authority in England. They are conversation starters, highlighting issues that can affect health in each locality.
3. Health Profiles aim to:
 - provide a consistent, concise, comparable and balanced overview of the population’s health
 - inform local needs assessments, policy, planning, performance management, surveillance and practice
 - be primarily of use to joint efforts between local government and the health service, to improve health and reduce health inequalities
 - empower the wider community

4. Traditionally, the Health Profiles have been a four-page PDF report. These reports have been produced annually since 2006 for most local authorities, but not the City of London.
5. In 2016, we requested that PHE produce an annual Health Profile for the City of London's population. It was mutually agreed that the City of London's report is never published on the national website, as the data contained within it cannot be compared with other areas, for reasons explained below.

Current Position

6. The most recent Health Profiles PDF reports were published in July 2018 and contained 29 indicators. Indicators are reviewed regularly by PHE to ensure that they reflect important public health topics.
7. Many of the indicators used in the 2017 and 2018 Profiles are different, which makes it difficult to compare overall trends in the health and wellbeing of the City's residents.
8. The 2018 Profile shows some improvements when compared with the 2017 profile; the rate of new cases of tuberculosis in the City of London has decreased, although these are usually based on an extremely small number. The infant mortality rate has declined, though this is a combined value for the City and Hackney; infant mortality in the City of London is very low.
9. While the 2018 Profile shows that there has been an increase in smoking prevalence among adults in the City of London (from 8.4 in 2015/16 to 11.9 in 2016/17), this remains at a similar level to the England average, and as this figure is based on a sample of 117 patients registered at the Neaman Practice, it is not representative of the City residential population as a whole, and is unlikely to be statistically different from last year.
10. According to the 2018 Profile, the City of London performs at, or better than, the national average for the following indicators:
 - Life expectancy
 - Preventable mortality
 - Under-75 mortality from CVD and cancer
 - Emergency admissions for self-harm
 - Hip fractures in the over 65s
 - Admissions for alcohol-related conditions
 - Smoking prevalence in adults
 - Physically active adults
 - Excess weight in adults
 - Under-18 conceptions
 - Low birth weight of term babies
 - Smoking status of mothers at time of delivery
 - Breastfeeding initiation
 - Infant mortality

- Children in low-income families
- GCSE attainment
- Excess winter deaths
- New cases of tuberculosis.

11. The overall number of residents in the City of London has decreased by 1,747 in 2017, compared with 2016, according to ONS mid-year data. The City still has a higher proportion of its population in older age groups compared to London. Compared with 2016 figures there has been an increase in those aged below 20 and over 65.
12. Life expectancy among City residents has risen, from 86.1 years for men and 89 years for women in 2010-14, to 88 years for men and 90.5 years for women in 2011-15. As above, life expectancy in the City of London remains considerably higher than the London and England averages.
13. As above, the mortality rate in the City of London is still significantly lower than England for all causes, including all cancers, circulatory and respiratory diseases and stroke. During the five-year period 2011-2015, there were 160 deaths among City residents, compared with 2010-14 where there were 170. In 2011-15 there were fewer deaths from cancer and circulatory disease, compared with 2010-14. The proportion of deaths from respiratory disease remained roughly the same (one in ten) across these two time periods.
14. The 2018 Health Profile highlights several red indicators, as follows:
15. **Indicator 6: Killed and seriously injured on roads**
Rate of people reported killed or seriously injured on the roads, all ages, per 100,000 resident population (2014-16).

This indicator has issues, because it uses the City's resident population as a denominator, rather than the City's workday population. Public Health England states that "care is needed for interpretation, due to the small population in the City of London". It also states that "areas with low resident populations, but have high inflows of people or traffic may have artificially high rates, because the at-risk resident population is not an accurate measure of exposure to transport. This is likely to affect the results for employment centres, e.g. City of London."

16. **Indicator 10: Diabetes diagnoses**
% proportion of the City's population (estimated diagnosis rate for people with diabetes aged 17 and over) in 2017.

This is an estimate of the number of people diagnosed with diabetes, expressed as a percentage of those expected to have diabetes.

The City of London has a single GP practice – the Neaman Practice. Patients registered at the Neaman have one of the lowest rates of diabetes within the City and Hackney practices. However, the higher rates of diabetes in neighbouring Hackney may skew local estimates of diabetes.

The higher-than-average estimated diagnoses rate may be explained by the fact that the estimates for Local Authorities are created by aggregating GP-level data, which means that data from the Neaman Practice as well as other Hackney GP practices, may be used to create the City of London estimate.

**17. Indicator 11: Dementia diagnoses
% proportion of those aged 65+ (2017).**

As with the diabetes indicator (above), this data is likely to overestimate the number of people living with dementia in the City of London, and hence the diagnosis rate seems to be lower than it should be.

**18. Indicator 21: Obese children
Combined figures for City of London and Hackney for children aged 10 to 11 years, given as a % proportion (2016/17).**

Data is taken from the National Child Measurement Programme, which collects information from state maintained primary schools – only one of which exists in the City of London (Sir John Cass). City-specific data has been combined with data from London Borough of Hackney to prevent potential disclosure of individuals.

**19. Indicator 25: Statutory homelessness
Crude rate per 1,000 households (2016/17).**

This indicator demonstrates the number of households that have presented themselves to their LA but under homelessness legislation have been deemed to be not in priority need. The majority of the people that fall under this cohort are single homeless people.

Looking at the figures in isolation, we had 16 households in temporary accommodation on 31 March 2017. Their connection with the City was as follows:

Work = 5
Residence = 6
Family = 1
Other/none = 4

31% of the City's caseload had a connection to the local area through work. This information is not recorded by DCLG so a direct comparison cannot be made, but anecdote suggests other councils have approximately 10% local connection rate through work. The unique imbalance in the City for working versus resident population distorts our figures in comparison to any other local authority in England.

If we only had 10% of our caseload having a connection through work, this would only be 2 (rounded up from 1.6) households, giving total number in temporary accommodation as 13. This would result in 1.7 households per thousand in temporary accommodation, much closer to the national average.

20. Indicator 26: Violent crime

Violent offences as a crude rate per 1,000 population (2016/17).

This indicator has issues, because it uses the City's resident population as a denominator, rather than the City's workday population. This rate is calculated using the number of violence against the person offences is divided by the population of the area and multiplied by 1,000. According to PHE, "caution needs to be taken when considering crime rates in London and other city centre areas, due to the very small populations in these areas. The high reported crime rates in city centres are partly due to the use of small resident population figures as the denominator of the crime rate. The 'transient population' that migrates into these areas on a daily basis, either for work or leisure, will not be reflected in the resident population figures."

21. Indicator 28: New STI diagnoses (exc. Chlamydia in <25s)

All new sexually transmitted infections diagnoses (excluding Chlamydia in under 25 year olds) per 100,000 population aged 15 to 64 (2017).

New STI diagnoses in the City of London are significantly higher than the national value due to workers in the City of London accessing sexual health services using their work postcode. Additionally, attendees at 80 Leadenhall who refuse to give a postcode or who are from overseas may also be allocated to the City of London.

Corporate & Strategic Implications

22. This information informs the City and Hackney Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy of the City Corporation's Health and Wellbeing Board.

Conclusion

23. While the City of London's Health Profile 2018 provides a useful starting point for looking at performance, the small numbers must be treated with caution, as they can paint an inaccurate picture of health and factors influencing health locally.
24. Members are asked to note the Health Profile and consider how they might use it to shape their forward-planning process.

Appendices

- Appendix 1 – City of London Health Profile 2018

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City of London

This profile was produced in July 2018

Health profile 2018

This profile has been developed by PHE at the request of the City of London. This is a bespoke profile based on a limited number of indicators available. Due to the small population, indicators have a large margin of error and should be used with caution.

Health in summary

The health of people in City of London is varied compared with the England average. About 9% of children live in low income families. Life expectancy for both men and women is higher than average.

Child Health

In Year 6, 26.6% of children are classified as obese, worse than the average for England. Levels of GCSE attainment, breast feeding and smoking at time of delivery are better than the England average.

Adult health

The rate for admissions for alcohol-related conditions is 551.7*, better than the average for England. The rate for emergency admissions for self-harm is 90.8*, better than the average for England. Estimated levels of adult excess weight are better than the England average. The rates of killed and seriously injured on roads, STIs, diabetes diagnosis, and estimated dementia diagnosis are worse than average. The rate of hip fractures is better than average. The rate of statutory homelessness and violent crime are worse than average and the rate for early deaths from cancer is better than average.

*rate per 100,000 population



Population: 7,654

(Mid-2017 population estimate: ONS)

For more information about priorities in this area, see <https://www.cityoflondon.gov.uk>

Visit <https://fingertips.phe.org.uk/> for more profiles, more information, interactive maps and tools.

Follow us on Twitter  [@PHE_uk](https://twitter.com/PHE_uk)

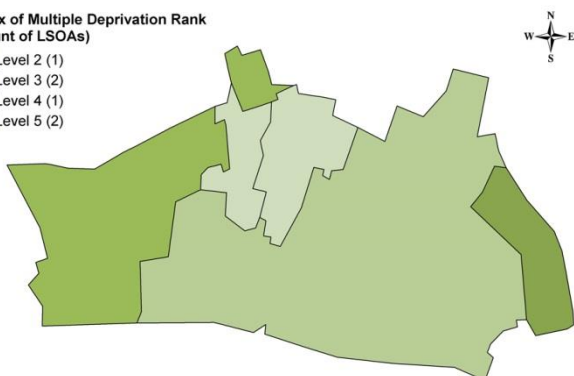
Note: values for City of London and Hackney have been combined for some indicators – see page 4 for more detail

Deprivation: a national view

City of London is the third least deprived borough in London and the 96th least deprived local authority in England. In London, only Kingston upon Thames and Richmond Upon Thames are less deprived.

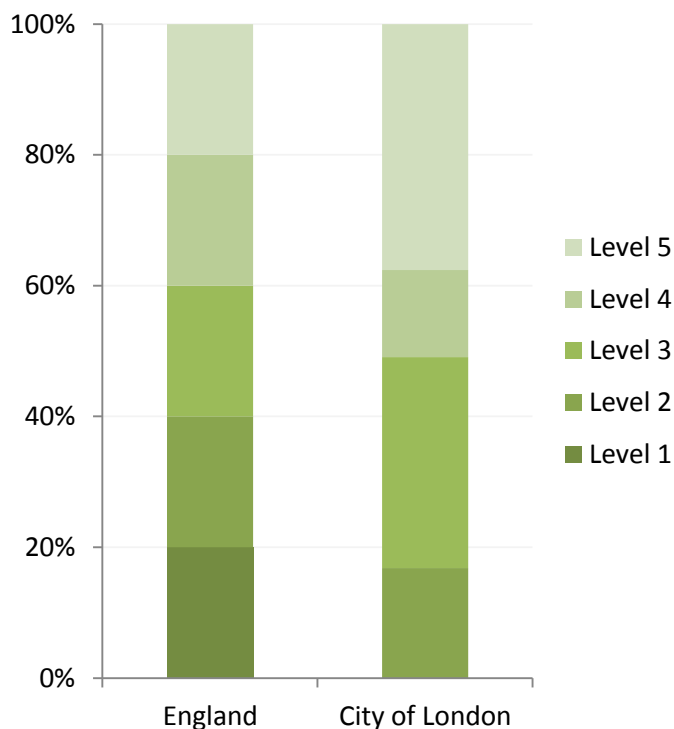
Index of Multiple Deprivation Rank
(Count of LSOAs)

- Level 2 (1)
- Level 3 (2)
- Level 4 (1)
- Level 5 (2)



There are no areas within City of London that are in the most deprived 20% of residents in England. 38% of the population live in areas that are within the top 20% least deprived areas in England.

This chart shows the percentage of the population who live in areas of each level of deprivation.



Level 1 = Most deprived, Level 5 = Least deprived

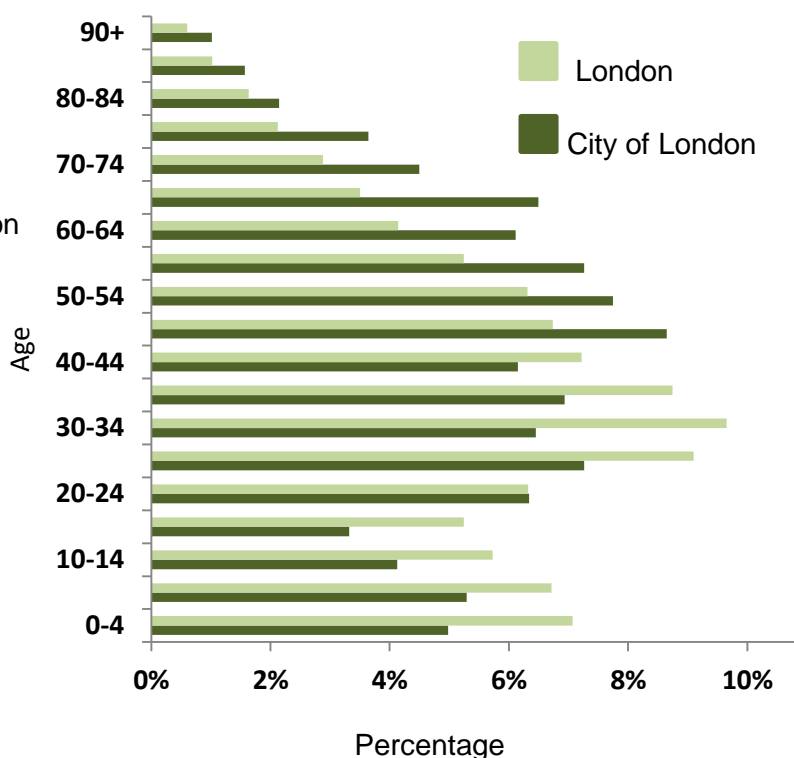
Demographics: population

According to the 2017 ONS Mid-Year Estimates, there are 7,654 people living in the City of London, representing under 0.1% of the total London population.

17.7% of the population in the City of London (1,356 people) are under the age of 20. In London 24.8% of the population are under 20 years.

The City of London has a higher proportion of its population in older age groups compared to London.

Age Group	City of London (%)	London (%)
0-19	17.7 (1,356)	24.8
20-44	33.1 (2,537)	41.0
45-64	29.8 (2,279)	22.4
65+	19.4 (1,482)	11.8



Health outcomes: life expectancy

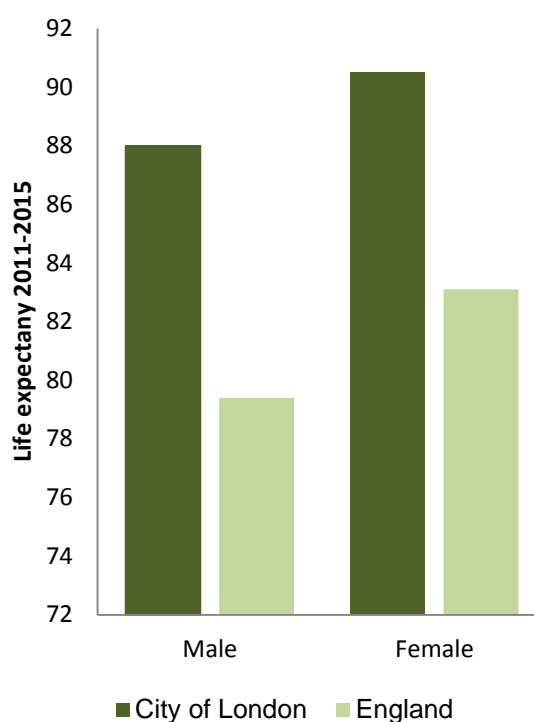
Life expectancy is closely linked to levels of deprivation, particularly in men, and this is reflected in life expectancy levels in City of London.

Life expectancy in City of London at birth in 2011-15 was 88.0 years for men and 90.5 years for women. This suggests that life expectancy in both males and females is considerably higher than both the London and England averages.

Life expectancy* at birth for males has increased in England from 76.2 in 2001-03 to 79.4 in 2012-14. A similar improvement had been seen in London, where life expectancy increased from 76.0 in 2001-03 to 80.2 in 2012-14.

Life expectancy* at birth for females has also increased in both England and London between 2001-03 and 2012-14, but the increase has been smaller than among males. In England the figure rose from 80.7 to 83.1, and in London from 80.8 to 84.0.

*England and London figures presented are available elsewhere for 2014-16, but have not been presented here for better comparison with City of London.



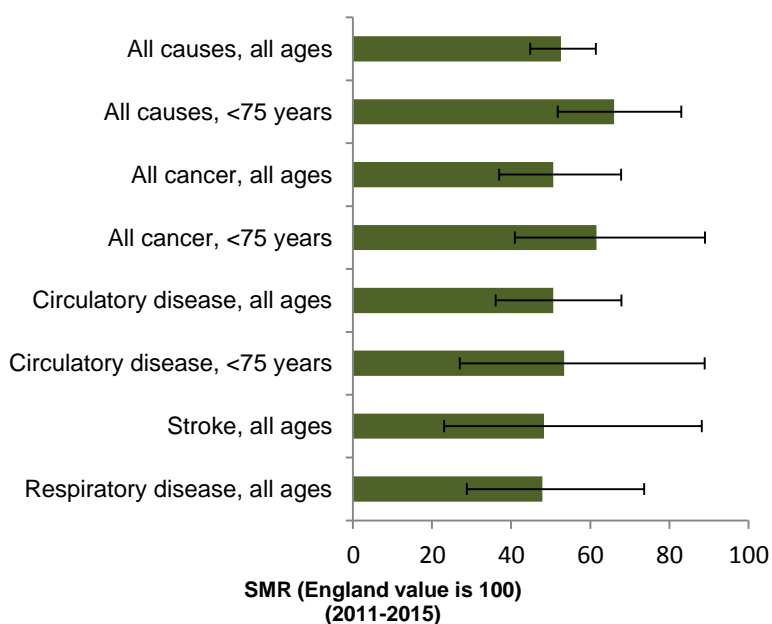
Source: Local Health

Health outcomes: causes of death

The mortality rate in the City of London is significantly lower than England for all causes and for the specific disease groups displayed in the graph.

Overall in London for the past 10 years, the standardised mortality ratios have been consistently lower than the England average.

During the five year period 2011-15, there were around 160 deaths among City of London residents. Just over a quarter of these were from cancers, with a similar proportion from circulatory disease and one in 10 were from respiratory disease.



Source: Local Health

Health Summary for City of London

No.	Indicator	Time period	Local value	England value	England best	England worst	Statistical Significance
Life expectancy and causes of death	1 Life expectancy at birth (males) ^a	2011 - 15	88.0	79.4	88.0	74.2	●
	2 Life expectancy at birth (females) ^a	2011 - 15	90.5	83.1	90.5	79.7	●
	3 Preventable mortality	2014 - 16	98.8	182.8	98.8	330.0	●
	4 Under 75 mortality: cardiovascular	2014 - 16	51.3	73.5	42.3	141.3	●
	5 Under 75 mortality: cancer	2014 - 16	65.8	136.8	65.8	195.3	●
Injuries and ill health	6 Killed and seriously injured on roads ^b	2014 - 16	567.0	39.7	13.5	567.0	●
	7 Emergency admissions for self-harm ^c	2016/17	90.8	185.3	50.6	578.9	●
	8 Hip fractures in older people (aged 65+) ^c	2016/17	466.7	575.0	364.7	854.2	●
	9 Cancer diagnosed at an early stage ^d	2016	29.2	52.6	80.0	29.2	●
	10 Diabetes diagnoses	2017	41.3	77.1	96.3	41.3	●
	11 Dementia diagnoses (aged 65+)	2017	48.3	67.9	90.8	45.1	●
Behavioural risk factors	12 Admissions for alcohol related conditions ^c	2016/17	551.7	636.4	388.2	1151.1	●
	13 Smoking prevalence in adults (GPPS)	2016/17	11.9	15.6	8.8	24.5	●
	14 Physically active adults	2016/17	69.4	66.0	78.8	53.3	●
	15 Excess weight in adults	2016/17	38.5	61.3	38.5	74.9	●
Child health	16 Under 18 conceptions ^c	2016	22.3	18.8	3.3	36.7	●
	17 Low birth weight of term babies	2016	5.8	2.8	0.7	5.8	●
	18 Smoking status at time of delivery ^c	2016/17	3.6	10.7	2.3	28.1	●
	19 Breastfeeding initiation	2016/17	90.6	74.5	96.7	37.9	●
	20 Infant mortality rate ^c	2014 - 16	4.9	3.9	0.0	7.9	●
	21 Obese children (aged 10-11) ^c	2016/17	26.6	20.0	8.8	29.2	●
Inequalities	22 Deprivation score (IMD 2015) ^d	2015	13.6	21.8	5.0	42.0	●
Wider determinants of health	23 Children in low income families (under 16s)	2015	9.0	16.8	2.7	30.5	●
	24 GCSEs achieved ^c	2015/16	63.3	57.8	78.7	44.8	●
	25 Statutory homelessness	2016/17	2.0	0.8	0.0	9.6	●
	26 Violent crime (violent offences)	2016/17	98.0	20.0	5.7	98.0	●
Health Protection	27 Excess winter deaths ^c	Aug 2013 - Jul 2016	23.9	17.9	6.3	30.3	●
	28 New sexually transmitted infections (STI)	2017	3205.1	793.8	266.6	3215.3	●
	29 New cases of tuberculosis	2014 - 16	3.8	10.9	0.0	69.0	●

a. England figures for 2012-14

b. Care is needed for interpretation due to the small population in City of London

c. Value is combined for City of London and Hackney

d. Values not regarded as best/worst, they are highest/lowest or lowest/highest

Comparisons to England

Worse

Similar

Better

1,2 Life expectancy - years **3** Directly age standardised rate (DSR) per 100,000 population **4,5** DSR per 100,000 population < 75

6 Crude rate per 100,000 population **7,8** DSR per 100,000 population **9,10,11** Proportion - % **12** DSR per 100,000 population

13,14,15 Proportion - % **16** Crude rate per 1,000 females aged 15-17 **17,18,19** Proportion - % **20** Crude rate per 1,000 live births

21 Proportion - % **22** Index of multiple deprivation (IMD) 2015 score **23** Proportion - % **24** Proportion - % A*-C incl English/Maths

25 Crude rate per 1,000 households **26** Crude rate per 1,000 population **27** Ratio of deaths in winter and non-winter months

28 Crude rate per 100,000 population aged 15-64 (excluding chlamydia) **29** Crude rate per 100,000 population

Committee: Health and Social Care Scrutiny Committee	Date: 27/02/2019
Subject: 2017/18 Clinical Commissioning Group assessments for mental health, dementia, learning disabilities and diabetes	Public
Report of: Andrew Carter – Director of Community and Children’s Services	For Information
Report author: Simon Cribbens, Assistant Director of Commissioning and Partnerships	

Summary

This report presents the 2017/18 Clinical Commissioning Group assessments for mental health, dementia, learning disabilities and diabetes

Recommendation:

Members are asked to:

- Note the report.

Main Report

Background

1. NHS has recently undertaken assessments by independent panels for mental health, dementia, learning disabilities and diabetes. The findings are appended. A summary of scores, and comparison to other CCGs within the wider STP footprint are set out below.

	Mental Health	Dementia	LD	Diabetes
B&D	RI	Outstanding	RI	RI
C&H	Good	Outstanding	RI	Good
Havering	RI	RI	Good	RI
Newham	RI	Outstanding	RI	Outstanding
Redbridge	RI	Good	RI	RI
Tower Hamlets	RI	RI	Good	Outstanding
Waltham Forest	RI	Outstanding	RI	RI
NEL Overall	RI	Outstanding	RI	RI

Appendices

1. 2017/18 Clinical Commissioning Group assessments for mental health, dementia, learning disabilities and diabetes

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Publications Gateway reference: 08733

14th January 2019

Dear CCG Accountable Officer and Clinical Lead,

2017/18 Clinical Commissioning Group assessments for mental health, dementia, learning disabilities and diabetes

We are writing to you about the assessments that have recently been undertaken by independent panels for the above clinical priority areas for your CCG, and would like to thank you for all your work in these vital areas of care.

The assessments are based on the relevant clinical indicators used in the overall CCG IAF, and are in addition to the headline assessment of your CCG for 2017/18 that was published in July 2018. They provide a snapshot of your CCG's performance in these clinical priority areas compared with other CCGs, and, where relevant, whether your CCG is meeting national ambitions. To make the assessments as meaningful and accurate as possible, they use the latest available data for 2017/18 (most of which has become available this autumn).

Annex A sets out the assessment for your CCG in 2017/18 for each of the four clinical priority areas. Each CCG is provided with one of four ratings, described as: 'outstanding'; 'good'; 'requires improvement'; and, 'inadequate'.

The 2017/18 ratings for mental health, dementia, learning disabilities and diabetes for your CCG should not be released by the CCG until they are published on **17 January 2019** on the NHS England [website](#).

CCGs' scores for the **individual indicators** that contribute to each assessment are available in **Annex A**. This information should help to identify where CCGs may be able to learn from each other and drive improvement. Results will also be used to inform the support offered to CCGs and their partners by the national programmes. For further information on improvement support, please visit the clinical priority area pages on the NHS England [website](#).

The methodology used by each of the panels to derive their assessments can be found at **Annex B**. For each clinical priority area, the panels have also prepared commentaries on the 2017/18 ratings, which provide an overview on progress since the previous assessment and highlight areas for improvement. The methodology and commentary for each clinical priority area will be available on the NHS England [website](#) on 17 January 2019 alongside all the CCG clinical priority area assessment results.

We look forward to working with you and your partners to make future improvements.

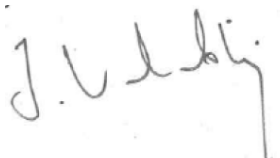
Yours sincerely,

A handwritten signature in black ink, appearing to read 'CMurdoch'.

Claire Murdoch,
National Director for Mental Health and Dementia, NHS England

A handwritten signature in blue ink, appearing to read 'Ray James'.

Ray James,
National Learning Disability Director, NHS England

A handwritten signature in black ink, appearing to read 'J. Valabhji'.

Jonathan Valabhji,
National Clinical Director for Obesity and Diabetes, NHS England

ANNEX A:

2017/18 assessment ratings and indicator values for mental health, dementia, learning disabilities and diabetes

Detailed indicator specifications are available in the [2017-18 CCG IAF Technical Annex](#).

Mental Health

Assessment rating and underlying indicator performance for mental health

NHS City and Hackney CCG	
<u>Headline rating 2017/18</u>	Good
Improving access to psychological therapies recovery rate	58% of people who finished treatment moving to recovery
Improving Access to Psychological Therapies – access	4.39% of people who have depression and/or anxiety disorders who have started treatment
Early intervention in psychosis waiting times	90% of people with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
Crisis resolution and home treatment (CRHT) services provision	80% achievement of milestones towards the delivery of comprehensive crisis care
Inappropriate out of area placement bed days	12.0 bed-days per 100,000 population aged 18+

Distribution of ratings for mental health

Assessment rating	Mental Health assessment
	Number of CCGs
Outstanding	3
Good	98
Requires improvement	105
Inadequate	1

Dementia

Assessment rating and underlying indicator performance for dementia

NHS City and Hackney CCG	
<u>Headline rating 2017/18</u>	Outstanding
Dementia Diagnosis Rate	70.2% of the estimated number of people with dementia have a recorded diagnosis
Care planning and post-diagnostic support	83.6% of patients with dementia whose care plan has been reviewed in the preceding 12 months

Distribution of ratings for dementia

Assessment rating	Dementia assessment
	Number of CCGs
Outstanding	57
Good	52
Requires improvement	73
Inadequate	21
Insufficient validated data	4

Learning Disabilities

Assessment rating and underlying indicator performance for learning disabilities

NHS City and Hackney CCG	
<u>Headline rating 2017/18</u>	Requires Improvement
Reliance on specialist inpatient care for people with a learning disability and/or autism.	28 per million registered population
Proportion of people with a learning disability on the GP register receiving an annual health check	53.5% of people on a GP learning disability register received an annual health check during 2017/18
Proportion of the population on a GP learning disability register	0.38% of the population (all ages) are included on a GP learning disability register

Distribution of ratings for learning disabilities

Assessment rating	Learning Disabilities assessment
	Number of CCGs
Outstanding	0
Good	38
Requires improvement	162
Inadequate	7

Diabetes

Assessment rating and underlying indicator performance for diabetes

NHS City and Hackney CCG	
<u>Headline rating 2017/18</u>	Good
Achievement of NICE treatment targets	42.5% of diabetes patients achieved all the NICE recommended treatment targets
Structured education attendance	8.8% of people with diabetes diagnosed less than a year attend a structured education course

Distribution of ratings for diabetes

Assessment rating	Diabetes assessment
	Number of CCGs
Outstanding	44
Good	45
Requires improvement	100
Inadequate	18

ANNEX B: Methodologies

Mental Health

Each CCG is assigned one of four ratings based on their performance against five indicators:

1. Improving Access to Psychological Therapies (IAPT) – recovery
2. Improving Access to Psychological Therapies – access
3. Early intervention in psychosis (EIP) - People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
4. Inappropriate out of area placement (OAP) bed days
5. Crisis resolution and home treatment (CRHT) services provision

A further indicator for improving access to children and young people's mental health services was included within this year's framework but has not been used in the rating calculation because the available data is not currently considered sufficiently robust to accurately reflect CCG performance.

A CCG is given a score of between 0 and 2 for each indicator based on their compliance with expected levels of performance and comparison to other CCGs. Indicators were scored using one of three different approaches depending on the statistical properties of that indicator.

IAPT recovery rate & EIP waits indicators

For the IAPT recovery and EIP indicators, the score is based on whether the CCG is above or below the current performance standard (50%) and whether this is a statistically significant difference. Scores are assigned as shown in table 1a:

Table 1a. Mental health indicator banding method for IAPT and Early Intervention in Psychosis indicators

Indicator (Time period used)	Indicator scores	Benchmark
Improving access to psychological therapies recovery rate (Dec-17 – Feb-18)	Significantly below the national standard = 0 Below the national standard = 0.75 Above the national standard = 1.25 Significantly above the national standard = 2	National standard (50%)
Early intervention in psychosis waiting times (Apr-17 – Mar-18)	Significantly below the national standard = 0 Below the national standard = 0.75 Above the national standard = 1.25 Significantly above the national standard = 2	National standard (50%)

For the IAPT access rate indicator, the score is based on whether the CCG is significantly above or below the national mean performance. Scores are assigned as shown in table 1b:

Table 1b. Mental health indicator banding method for IAPT access rate

Indicator (Time period used)	Indicator scores	Benchmark
Improving access to psychological therapies access rate (Dec-17 – Feb-18)	Significantly below the national average = 0 Similar to the national average = 1 Significantly above the national average = 2	National average (3.95%)

The inappropriate out of area placement bed day and crisis resolution and home treatment team indicators do not allow statistical significance testing to be performed, the score for these indicators is based on whether the CGG is above or below defined thresholds. Scores are assigned as shown in table 1c:

Table 1c. Mental health indicator banding method for inappropriate out of area Placements and crisis team provision

Indicator (Time period used)	Indicator scores
Inappropriate out of area placement bed days (2017/18 Q4)	Indicator value above 200 per 100,000 population = 2 Indicator value equal to or above 10 and below 200 per 100,000 population = 1 Indicator value below 10 per 100,000 population = 0
Crisis resolution and home treatment services provision (2017/18 Q4)	Indicator value below 40% = 0 Indicator value equal to or above 40% and below 80% = 0.75 Indicator value equal to or above 80% and below 100% = 1.25 Indicator value equal to 100% = 2

A mean score is then taken across the five indicators and CGGs are assigned a rating using the thresholds in table 2:

Table 2. Mental health assessment thresholds

Rating	Score range
Outstanding	Above or equal to 1.7
Good	Above or equal to 1.2 and below 1.7
Requires Improvement	Above or equal to 0.5 and below 1.2
Inadequate	Below 0.5

Dementia

The 2017/18 rating for dementia considers two indicators: dementia diagnosis rates and care plan reviews for people with dementia.

Diagnosis rates are calculated using the number of people on the dementia register, the number of people registered with a GP and Cognitive Function and Ageing Studies (CFAS) II prevalence estimates. Care plan reviews are calculated using the number of people who have had a care plan review and the number of people on the dementia register. The indicator on the percentage of patients diagnosed with dementia who have had a face to face review of their care plan within the last 12 months is intended as a proxy measure of broader support post-diagnosis of dementia.

Each dementia indicator is assigned a band based on the thresholds shown in table 3. For the diagnosis rate indicator, the national ambition of 66.7% (two thirds) was used as the threshold for good performance. For the care plan review indicator, the thresholds used were the quartiles based on the data used in the initial assessment.

Table 3. Dementia indicator banding method

Indicator (Time period used)	Indicator banding category thresholds (1 = best performing, 4 = poorest performing)	Benchmark
Dementia Diagnosis Rate (March 2018)	Indicator value below or equal to 56.7% = Band 4 Indicator value above 56.7% and below or equal to 66.7% = Band 3 Indicator value above 66.7% and below or equal to 76.7% = Band 2 Indicator value above 76.7% = Band 1	National Standard (66.7%) and thresholds set for the 2015/16 and 2016/17 assessments
Care planning and post-diagnostic support (2017/18)	Indicator value below or equal to 75.6% = Band 4 Indicator value above 75.6% and below or equal to 77.6 % = Band 3 Indicator value above 77.6% and below or equal to 79.4 % = Band 2 Indicator value above 79.4% = Band 1	2014/15 quartiles

To note: The thresholds for the dementia diagnosis rate and care plan reviews indicator in table 5 have been rounded to 1 decimal place. The exact thresholds for the dementia diagnosis rate indicator are based around achieving the national ambition for a national ambition two thirds standard. Hence to 6 decimal places Band 4 = 56.666667%, Band 3 = 66.666667%, Band 2 = 76.666667%. The upper thresholds on which banding is based on for the care plan indicator are: Band 4 = 75.587062%, Band 3 = 77.553084%, Band 2 = 79.447005%

The overall rating for dementia is based on the CCG band for each of the dementia indicators as illustrated in table 4:

Table 4. Dementia assessment rating

		Diagnosis rate band			
		1 (Best performing)	2	3	4 (Poorest performing)
Care plan review band	1 (Best performing)	Outstanding	Outstanding	Good	Requires improvement
	2	Outstanding	Good	Requires improvement	Requires Improvement
	3	Good	Requires improvement	Requires improvement	Inadequate
	4 (Poorest performing)	Requires improvement	Requires improvement	Inadequate	Inadequate

Learning Disabilities

The 2017/18 rating for Learning disabilities considers three indicators:

- Reliance on specialist inpatient care for people with a learning disability and/or autism. This indicator is reported at Transforming Care Partnership (TCP) level
- Proportion of people with a learning disability on the GP register receiving an annual health check.
- Proportion of the population on a GP learning disability register (New for 2017/18)

The proportion of the population on a GP learning disability register was introduced for the 2017/18 to complement the Annual Health Check indicator by further incentivising the accurate reporting of numbers of people on the learning disability register.

For each CCG, each of the three LD indicator indicators is given a score derived using a statistical control limit approach, with limits set at 2 standard deviations (equivalent to a 95% confidence level). The banding method and benchmark used to assign a score are shown in table 5. For the reliance on specialist inpatient care indicator, each CCG is assessed based on the performance of its parent TCP against the TCPs planning trajectory. For the other two indicators, the bands were derived based on deviation from the national average (mean).

Table 5. Learning Disabilities indicator banding method

Indicator (Time period used)	Indicator scores	Benchmark
Reliance on specialist inpatient care for people with a learning disability and/or autism. (2017-18 Q4)	Significantly above the benchmark = 0 Above the benchmark but not significantly = 0.75 Below the benchmark but not significantly = 1.25 Significantly below the benchmark = 2	2017-18 Quarter 4 TCP plan trajectory
Proportion of people with a learning disability on the GP register receiving an annual health check. (2017-18)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2017-18 National average (mean) (51.4%)
Proportion of the population on a GP learning disability register (2017-18)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2017-18 National average (mean) (0.49%)

The indicator scores are weighted according to the weightings in table 6 below.
This weighting accounts for the complementary nature of the Annual Health Check indicator and the indicator of the completeness of the LD register:

Table 6. Learning Disabilities Indicator weighting

Learning Disabilities indicator	Weighting
Reliance on specialist inpatient care for people with a learning disability and/or autism.	50%
Proportion of people with a learning disability on the GP register receiving an annual health check.	25%
Proportion of the population on a GP learning disability register	25%

The weighted average of the individual indicator scores is calculated to give each CCG an overall score of a potential minimum of 0 and a potential maximum of 2. The thresholds shown in table 7 are applied on CCGs overall scores to give assessment rating for Learning Disabilities.

Table 7. Learning Disabilities assessment rating thresholds

Rating	Score range
Outstanding	Above or equal to 1.625
Good	Above or equal to 1 and below 1.625
Requires Improvement	Above 0.25 and below 1
Inadequate	0.25 or below

Diabetes

The 2017/18 rating for diabetes considers two indicators:

- Diabetes patients that have achieved all the NICE-recommended treatment targets (HbA1c, blood pressure and cholesterol for adults and HbA1c for children)
- People with diabetes diagnosed less than a year who attend a structured education course.

The two indicators have each been calculated using 2017-18 National Diabetes Audit (NDA) data.

Each diabetes indicator is assigned a band based on the thresholds shown in table 8. In order to allow meaningful comparisons with the 2016/17 ratings we have continued to use the benchmarks from 2016/17. For the treatment targets indicator, the national median was used as the threshold for good performance. For the structured education indicator, the bands were derived based on deviation from the national mean average.

Table 8. Diabetes indicator banding method

Indicator (Time period used)	Indicator banding category thresholds (1 = best performing, 3 = poorest performing)	Benchmark
Treatment targets (2017-18)	<ul style="list-style-type: none"> - Indicator value upper confidence interval less than 37.9% = Band 3 - Indicator value upper confidence interval greater than or equal to 37.9% and less than 40.0% = Band 2 - Indicator value upper confidence interval greater than or equal to 40.0% = Band 1 	National median (40.0%); and 25 th percentile (37.9%)
Structured Education (2016 cohort)	<ul style="list-style-type: none"> Indicator value significantly lower than national average = Band 3 Indicator value not significantly different to national average = Band 2 Indicator value significantly higher than national average = Band 1 	National average (7.3%)

To note: The thresholds for the treatment targets rate and structured education indicator in table 1 have been rounded to 1 decimal place. The exact thresholds on which bandings are based for the treatment targets indicator are 39.972% (upper) and 37.891% (lower). The exact threshold on which banding is based for the Structured Education indicator is 7.298%

The overall rating for diabetes is based on the CCG band for each of the diabetes indicators as illustrated in table 9:

Table 9. Overall diabetes assessment rating

		Treatment targets		
		1 (Best performing)	2	3 (Poorest performing)
Structured education band	1 (Best performing)	Outstanding	Good	Requires improvement
	2	Good	Requires improvement	Requires Improvement
	3 (Poorest performing)	Requires improvement	Requires improvement	Inadequate

Committee: Health and Social Care Scrutiny Committee	Date: 27/02/2019
Subject: NHS 10 year plan	Public
Report of: Andrew Carter – Director of Community and Children’s Services	For Information
Report author: Simon Cribbens, Assistant Director of Commissioning and Partnerships	

Summary

This reports alerts Members to the publication of a new NHS Long term plan and sets out key messages from the Local Government Association and a response from the Accountable Officer of NHS North East London Commissioning Alliance.

Recommendation:

Members are asked to:

- Note the report.

Main Report

Background

1. The government has published a new “NHS Long Term plan”. The full document can be found here : <https://www.longtermplan.nhs.uk/online-version/>.
2. The Local Government Association has set out key messages in response to the plan (Appendix 1).
3. The Accountable Officer of NHS North East London Commissioning Alliance – the Sustainability and Transformation Partnership (STP) which covers the City of London – has written to colleagues across the STP to set out the local implications of the long term plan (Appendix 2).

Appendices

1. LGA key messages
2. response from Accountable Officer of NHS NEL Commissioning Alliance

Background Papers

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NHS Long Term Plan

The Long-Term Plan (LTP) was published on 7 January. This briefing focuses on the areas of most interest and relevance to local government and summarises all relevant LGA views, comments and policy messages.

[Social care, health and integration](#)

17 Jan 2019

Key messages

- The Local Government Association (LGA) welcomes many aspects of the NHS Long Term Plan (LTP), in particular the focus on expanding community care, support and prevention to ensure that more people receive timely care, treatment, support and advice as close to their homes as possible. But this is a plan for the NHS rather than a comprehensive plan for the wider health and care system so, inevitably, it offers only part of the solution to the health, social care and wellbeing challenges facing our communities. The LTP recognises that partners, in particular local government, have a leading role in promoting health, wellbeing and independence but the measures it outlines focus primarily on the NHS. Much will depend on the local implementation of the national objectives. It will be important that local leaders across the NHS and local government take a wider approach to ill-health and prevention, building on existing place-based plans for improving health and wellbeing to create new models of care and support.
- Social care remains desperately underfunded. The LTP recognises the need to fund adult social care adequately but sees this in terms of reducing the pressure on the NHS. It is true that the NHS and social care are inextricably linked but social care also needs to be seen as a vital service in its own right, not simply an adjunct to the NHS. It allows the NHS to focus on what it does best, and it helps people to live independent and purposeful lives. Social care faces a funding gap of £3.6 billion by 2025, which must be urgently addressed. If not, fewer people will be able to get the care they need, there will be an even greater risk of the financial failure of care providers, and a

disinvestment in prevention. For the NHS, there is a real risk that reductions in adult social care will jeopardise the priorities in the NHS LTP. It is vital that the Government uses the Spending Review to deliver sustainable funding for social care. The LGA has set out the scale of the challenge in 'The lives we want to lead: the LGA green paper for adult social care and wellbeing'. We have also set out recommendations for the Government's own green paper on adult social care. It is disappointing that the LTP does not underline the urgency of the funding challenge facing adult social care and the consequences for the NHS if the Government continues to delay the publication of the green paper.

- The Better Care Fund (BCF) is important in funding adult social care and integrated services. The protection of adult social care funding has always been a national condition of the BCF. We support local systems to improve safe and timely discharge from hospital but the disproportionate focus on delayed transfers of care (DTOC) is having a negative impact on community and social care provision by directing funding away from these vital services. The LGA calls for the BCF to return to its original aims of protecting adult social care, supporting prevention and community-based support, and promoting integration.
- Public health needs proper resourcing. We strongly support the renewed focus on prevention, health inequalities and a population health focus. NHS commitments to promote prevention are welcome, but cuts to local government funding for public health services underline the need for government to take a consistent approach to population health. Public health grant funding has reduced by over £700 million in real terms between 2015/16 and 2019/20. The contribution of public health is being undermined and services vital for improving population health are not being implemented, or are being cut back, risking the future sustainability of the NHS and social care. Without additional resources, many councils will be forced to make tough decisions about which services to scale back or cut completely. In the past six years 80 per cent of the 112 indicators in the public health outcomes framework have been level or improving. It is vital that the Government uses the Spending Review to deliver sustainable funding for public health in local government.
- We need equivalent investment in local government to make the best use of NHS funding. Taxpayer investment in the NHS will not be used to best effect unless there is also a sustainable funding solution for social care, public health services and wider council services that contribute to improved health and wellbeing. The overall funding gap facing local government will reach £8 billion by 2024/25. The Government must use the green paper and the Spending Review to

ensure that the underfunding of council services does not compromise the delivery of the ambitions of the plan.

- The plan could go further to truly personalise services. We support increased personalisation, although this could have gone further with commitments to introduce co-production and co-commissioning of care and support, personal budgets and direct payments. This is essential to create a service focused on wellbeing rather than illness.
- Effective partnerships are crucial for success. We support the place-based focus of integrated care systems (ICS) and the requirement for partnership governance. But we are concerned that health and wellbeing boards are not mentioned as they are the only statutory forum bringing together local clinical, political and community leaders. The LGA supports many of the proposals to change the legal framework for the NHS, in particular changes to promote collaboration across local health systems. The LGA has long supported such a duty and we support combining existing duties on councils, CCGs (clinical commissioning groups) and health and wellbeing boards to create a single duty on all partners to improve the health and wellbeing of local populations. We would expect this duty to include a requirement to engage partners in the development of local implementation plans and, for health and wellbeing boards to have a clear role in every ICS.
- Focus on effective joint working rather than unnecessary reviews of local government responsibilities. With regard to the proposed review of commissioning of some public health services – sexual health services, health visitors and school nurses – the rationale for local government to lead on public health remains unchanged. The plan implies that councils are delivering worse outcomes than when services were commissioned by the NHS. This is not supported by the evidence. In the past six years 80 per cent of the 112 indicators in the public health outcomes framework have been level or improving. The joint review must ensure that we have the best possible join-up between the NHS and local government, and that services are appropriately resourced. Now is not the time for further distractions around structures and responsibilities for commissioning preventative services. The most effective health and care systems work collaboratively, and we should focus on strengthening effective joint commissioning.
- Welcome measures to support children's health. The emphasis on children and young people – particularly their mental health – in the plan is very welcome. It could go further to recognise the wider role that local government and other services play in delivering the Government's Healthy Child Programme and influencing the health of children and young people more widely. A joined-up approach is

crucial to delivering the LTP and to creating future generations of healthy and happy adults.

- A welcome emphasis on mental health, learning disabilities and autism. We welcome the strong focus in the plan on mental health, learning disabilities and autism. It recognises the benefits of investing in multi-disciplinary teams to ensure a person-centred approach.
- Don't forget the social care and public health workforce. With regard to workforce, the emphasis is squarely on the NHS workforce with scarcely any mention of links to social care or public health. This is understandable at this stage with the green paper and NHS workforce implementation plan yet to be delivered. It is vital that the NHS and local government develop a system-wide approach to workforce planning and that the impact of changes to the NHS workforce on the social care workforce is considered.

Download the full briefing
[LGA briefing; NHS Long Term Plan](#)

Appendix 2

Dear colleagues

We are well and truly in the swing of 2019 now and heading towards year-end. The start of the year has been very much focused on the NHS [long term plan](#), launched by NHS England (NHSE) at the beginning of January. This sets out the ambitions to transform the NHS over the next 10 years to improve people's health. Hopefully you have had a chance to read and digest the plan, if not a [summary](#) version is available too.

It is encouraging to read the plan and see that what we are already doing in north east London (NEL) to improve people's health and care aligns with NHSE's vision and priorities. For example, we're giving local people more control over their own health and the care they receive, with more joint working between GPs, their teams and community services as primary care networks. Our NHS 111 clinical assessment service, launched last summer, brings together a range of health and care services in NEL for the first time. We're also making headway in areas such as digital and estates too.

We are now working through the detail, looking at what it means for our current programmes of work and using it as a basis for a refreshed STP plan. Involving you, and the public in doing so will be key. You play an important role in improving the care for people in our area, so we want to involve you in shaping how we will do this for our residents and patients. We will share more information on this soon.

We will also be ensuring there is a robust engagement and involvement plan and working with local Healthwatches in our area over the next few months, to discuss our plans with local people and get their input and views.

The long term plan also makes it clear that integrated care systems (ICSs) are the future, setting out that we will have moved to ICSs by 2021. In various ways we are already moving forward with integrated working across north east London. In BHR, the CCGs have made significant progress with budget sharing and planning with their local councils to provide more joined up care for people who live in these boroughs. City and Hackney have been working collaboratively with their local authorities for some time. Currently, the WEL CCGs are looking at how to work together effectively under one managing director and develop new ways of working.

We are working through the detail of what it means for NEL where the plan outlines that

ICSs will cover the whole country by April 2021, but in the meantime I wanted to try and explain the current picture. Across NEL we have eight places (boroughs) and these feed in to three different integrated care programmes spanning City and Hackney, WEL and BHR. These programmes are overseen by two transformation boards (Inner North East London and BHR) that focus on cross-cutting themes and bring together CCGs and provider colleagues including Barts, NELFT, ELFT, BHRUT and the Homerton. Overarching all of this is the NEL strategic view which I head up through NELCA and the ELHCP.

Amidst all the announcements, I have been really pleased to see north east London featured as good examples of what the long term plan is trying to achieve. One of the plan's ambitions is a major expansion of social prescribing – linking patients to non-clinical activities and support that could improve their wellbeing. As part of the launch of this, NHSE visited the 150Club in Newham – an initiative involving the CCG, council and West Ham United Foundation – to see how it is successfully helping local people at risk of diabetes or cardiovascular disease to improve their health through tailored physical activities such as gym sessions and walking football. This received national media coverage including Sky News and [The BBC](#).

In Barking and Dagenham the CCG has used central data sharing to support GP practices to work together to reduce undiagnosed diabetes cases by more than 60%. The CCG has facilitated network meetings using the data to show practices which patients they had to recall to do tests, or recall and manage their medication better so that they were meeting their targets. This has been so successful it is now rolling out across atrial fibrillation too. You can read more [here](#).

Also, I'm really pleased to see that the new national contract for GPs draws largely from the approach in Tower Hamlets, where we are seeing primary care grouped by location into networks – creating seamless services and improving care. The 36 practices in Tower Hamlets have been working together in this way for some time.

To see this approach recognised as the success it is (and to be rolled out nationally) is very exciting and a great credit to those in the CCG who have been involved in the work in Tower Hamlets over the past decade.

This is undoubtedly a time of change, with lots to do and many challenges for all of us. I realise this can be a difficult time in some ways, but it will also mean new opportunities to change the way we work for the better.

As always, please let me know if you have any questions or would like to know more about

the changes ahead.

Best wishes

Jane

Jane Milligan

Accountable Officer

NHS North East London Commissioning Alliance (City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)

Senior Responsible Officer North East London Sustainability and Transformation Partnership

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Committee Health and Social Care Scrutiny Port Health and Environmental Services Health and Wellbeing Board	Dated: 27 February 2019 5 March 2019 26 April 2019
Subject: Draft Air Quality Strategy	Public
Report of: Interim Consumer Protection and Markets Operations	PHES: For Decision HWB/HSCC: 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 and Health and Social Care Scrutiny Committee 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
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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City of London Air Quality Strategy

Delivering healthy air in the City of London

Draft for Consultation

March 2019



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

Foreword

To follow

Jeremy Simons, Chairman Port Health and Environmental Services Committee

Air Quality Strategy 2019 – 24: Delivering healthy air in the City of London

Our definition of healthy air:

Concentrations of nitrogen dioxide (NO₂), small and fine particles (PM₁₀ and PM_{2.5}) that meet health-based Limit Values and World Health Organisation (WHO) Guidelines.

Why us:

The City of London Corporation has a statutory obligation to take a wide range of action to improve air quality and protect public health. Improving air quality and ensuring good health and wellbeing is a key organisational priority outlined in our Corporate Plan (CP) for 2018-23, through which we aim to contribute to a flourishing society, support a thriving economy and shape outstanding environments.

Who we will work with:

Residents, workers, schools, businesses, Barts Health NHS, Greater London Authority, Transport for London, London Councils, London Boroughs, Government, Environment Agency, London's Universities, Third Sector, Port of London Authority, Cross River Partnership

Our Vision

The Square Mile has air that is healthy to breathe.

Our Aim

For nitrogen dioxide to meet health-based Limit Values and WHO Guidelines in over 90% of the Square Mile by 2025 and achieve WHO Guidelines for PM₁₀ and PM_{2.5} in the shortest possible time

Our Outcomes

The Square Mile has clean air

People enjoy good health through reduced exposure to poor air quality

We are a leader for air quality policy and action and inspire collaboration across London

Links to CP Outcome 11

Links to CP Outcome 2

Links to CP Outcome 11

Our Activities

- Reduce emissions of air pollutants from our fleet, buildings and through our contracts
- Ensure new developments, transport and public realm schemes and proposals have a positive impact on local air quality
- Pilot innovative measures

- Provide robust and reliable information and data
- Make use of public health networks to disseminate information
- Develop tailored action plans for City of London schools
- Further develop the free smartphone App CityAir

- Develop a Private Members Bill to improve air quality
- Work closely with a wide range of stakeholders on air quality policy
- Facilitate collaboration across London's air quality community

Demonstrating success

A measure of success for the strategy will be consistent compliance with health-based air quality limits and guidelines measured using a network of robust air quality monitoring equipment. Over the next five years, we will also continue to be recognised as a leading and highly regarded authority in the field of air quality.

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1. Introduction

The City of London, also known as the Square Mile, is the historic heart of London. It is home to approximately 7,500 permanent residents and 24,000 businesses. There is a working population of over 510,000 people. This is projected to increase to 640,000 by 2036. In addition to workers and residents, each year the City of London welcomes over 10 million tourists, along-side people who visit for business.

Like much of central London, the City of London can experience high levels of air pollution. The pollutants of current concern are nitrogen dioxide (NO₂), a colourless and odourless gas that is a product of fuel combustion, and small particles, of which there are a wide range of sources, including combustion. These particles are referred to as PM₁₀ (small particles) and PM_{2.5} (fine particles). These are particles below 10 and 2.5 micrometres in diameter respectively.

The City of London Corporation (City Corporation) is required by statute to measure air pollution and develop and implement an improvement plan if health-based air quality limits are not met. Following detailed air quality monitoring, the whole of the Square Mile was declared an Air Quality Management Area (AQMA) in January 2001 for nitrogen dioxide and small particles (PM₁₀). This was due to levels of these pollutants being higher than the required limits. These limits were set in European Directives and transposed into domestic legislation.

The framework for air quality policy and action by London local authorities is called London Local Air Quality Management (LLAQM). It is overseen by the Mayor of London who provides templates and tools to assist with action planning and monitoring.

The City Corporation has had an air quality action plan in place since 2002. In 2011, the action plan was incorporated into an Air Quality Strategy outlining steps that would be taken to both improve local air quality and reduce the impact of air pollution on public health. The strategy was updated in 2015, detailing further measures that would be taken through to 2020¹. This strategy builds upon previous action and details measures that will be taken to 2024. A complete table of actions, with expected outcome, is reported in Appendix 1. The current legal framework for improving air quality is in Appendix 2.

Despite the implementation of a wide range of action by the City Corporation to improve air quality, the health-based limits for nitrogen dioxide are still not met everywhere in the Square Mile. Extensive monitoring, however, demonstrates that levels of nitrogen dioxide are reducing year on year, particularly away from busy roads.

¹ City of London Air Quality Strategy 2015 – 2020

The limits set in European Directives for small particles (PM₁₀ and PM_{2.5}) are generally met everywhere in the City of London. The only exception is adjacent to the busiest roadsides in unfavourable weather conditions. The World Health Organisation (WHO) has set its own Guidelines² for concentrations of PM₁₀ and PM_{2.5}. These are tighter than the limits set in European Directives. Fine particulate pollution has health impacts even at very low concentrations. No threshold has been identified below which no damage to health is observed. Therefore, the WHO Guidelines aim to achieve the lowest concentrations of particulate matter possible. Reducing levels of air pollution to meet the tighter WHO Guidelines will therefore continue to improve health outcomes.

The aims of this Strategy are to ensure that:

- **the City Corporation fulfils its statutory obligations for London Local Air Quality Management and improving public health**
- **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**
- **through coordinated action, World Health Organisation Guidelines for particulate matter (PM₁₀ and PM_{2.5}) will be achieved in the shortest possible time**

These aims will deliver three main outcomes:

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

The outcomes will be met by a range of action across six areas:

² Air Quality Guidelines - Global Update 2005 Particulate matter, ozone, nitrogen dioxide and sulfur dioxide



City Corporation Corporate Plan 2018 – 23

This draft strategy supports the delivery of the City Corporation Corporate Plan 2018 -2023. The Corporate Plan sets out the over-arching strategic direction for the organisation. It has been shaped around three areas of public value - economy, environment and society. This Air Quality Strategy supports two Corporate Plan outcomes:

- Outcome 2: People enjoy good health and wellbeing
- Outcome 11: We have clean air, land and water and a thriving and sustainable natural environment

Other Corporate strategies that support the aims of this draft Air Quality Strategy are:

- Health and Wellbeing Strategy and Joint Strategic Needs Assessment
- Responsible Business Strategy
- Transport Strategy (draft)
- Local Plan and City Plan (draft)
- City Tree Strategy
- Open Spaces Strategy
- Procurement Strategy (in development)
- Climate Action Strategy (in development)

1.1 Source of air pollution in the City of London

The quality of the air in the City of London is influenced by a range of factors. Being at the heart of London, it is heavily influenced by emissions generated across Greater London. Over 75% of PM₁₀ particle pollution measured in the City of London originates from outside the City of London boundary. This highlights the importance of London-wide and national action to support the local action being taken by the City Corporation. Under certain weather conditions small particles can be brought to London from the European continent, and even from as far as Africa. For sources of pollution generated within the Square Mile itself, the main contributors are stationary and mobile combustion, largely associated with buildings and road traffic.

The Greater London Authority produces an Atmospheric Emissions Inventory for London. It is known as the LAEI. It is a large database of emission sources that contribute to air pollution in the capital. Information on the sources of emissions of oxides of nitrogen (NO_x) and fine particles are detailed in Appendix 3. The latest version, issued in 2016, is referred to as the LAEI 2013. It contains emissions across London with 2013 presented as a baseline. The database forecasts that in 2020, NO_x emissions from buildings in the City of London will be over twice that from road transport. This is a significant change from the emissions estimated for 2013, where traffic pollution was the dominant source. This change is due to the wide range of action being taken to reduce emissions from vehicles. Whilst the absolute values should be treated with caution, it demonstrates that action increasingly needs to focus on emissions from non-road sources of pollution as well as road transport.

Diesel vehicles, particularly taxis, buses, vans and lorries, are the dominant source of emissions from road transport in the City of London. Many of these vehicles are servicing business needs. Pollution from demolition and construction sites also impact on local air quality. Further detail can be found in Appendix 3.

1.2 Health impacts of air pollution

Exposure to air pollution has a range of impacts on health. Short term exposure mainly affects people who are already classed as 'vulnerable', which means they have an existing condition which is aggravated by high levels of air pollution. Air pollution can exacerbate asthma and affect lung and heart function. There is evidence that both PM_{2.5} and PM₁₀ cause additional hospital admissions on high pollution days for those suffering from respiratory or cardiovascular disease.

Long-term exposure to high levels of pollution affects the whole population, not just the vulnerable. This is particularly the case for long-term exposure to fine particles,

PM₁₀ and PM_{2.5}.³ Nitrogen dioxide has also been associated with adverse effects on hospital admissions, a decrease in lung function and growth, increase in respiratory disease, and incidences of asthma and cancer. Further information is outlined in Appendix 4.

³ Fine Particulate Matter (PM_{2.5}) in the United Kingdom 2012 Air Quality Expert Group for Defra

2. Air Quality Monitoring

Commitment: The City Corporation will monitor air pollutants to assess compliance with Air Quality Limit Values and World Health Organisation Guidelines. Data will also be used to support research, evaluate the effectiveness of policies to improve air quality and to provide alerts when pollution levels are high.

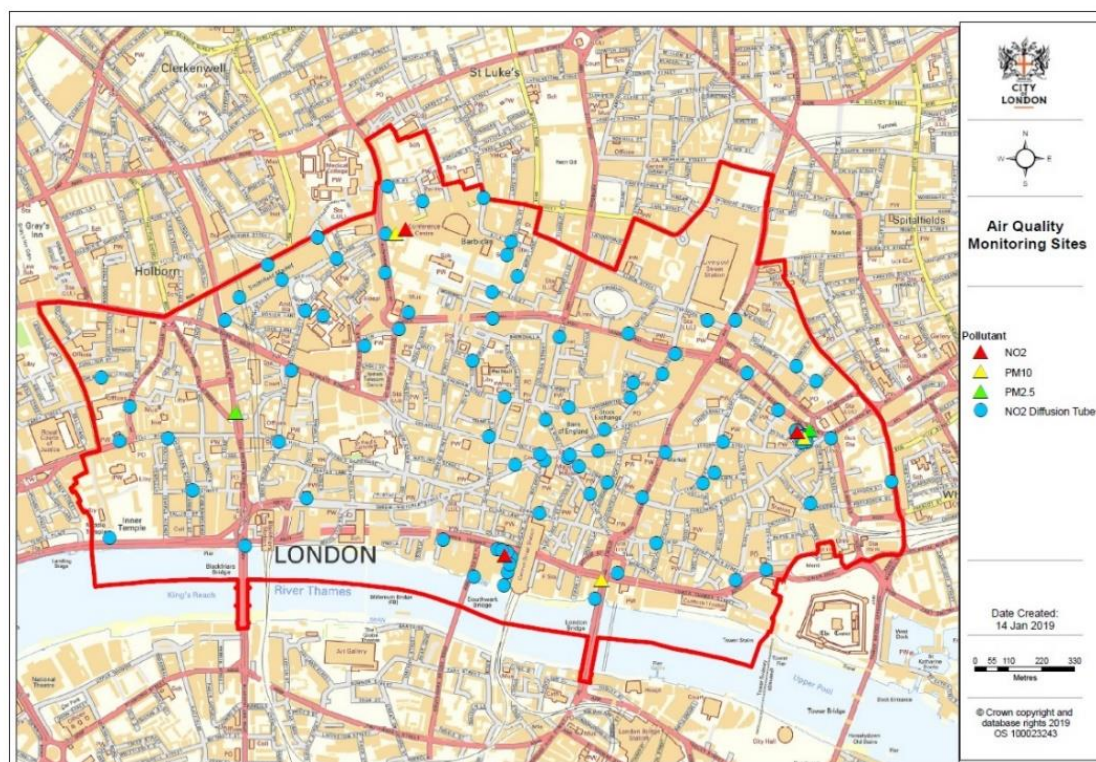
The City Corporation has been monitoring air quality for many years at a range of locations across the Square Mile. Monitoring is a vital component of air quality management and fulfils the following functions:

- to check compliance against air quality objectives, Guidelines and Limit Values, and consequently the impact on health
- to assess long term trends and the effectiveness of policies and interventions to improve air quality
- to raise awareness and provide alerts to the public when air pollution levels are high

The focus of monitoring in the City of London is to obtain reliable and accurate data for nitrogen dioxide, PM₁₀ and PM_{2.5} as these are the pollutants of concern. Data collected shows that levels of air pollution across the City of London, particularly levels of nitrogen dioxide, are decreasing. Given the substantial interest in air pollution, and the importance placed on it by the City Corporation, the amount of monitoring has increased significantly in recent years.

The air quality monitoring requirements in the City of London are under constant review. Figure 2.1 shows locations where air quality was monitored during 2018. The triangles represent the continuous monitoring sites and the circles are where diffusion tube monitoring was carried out. In addition, to the locations shown on the map, diffusion tube monitoring was carried out by the Cheapside Businesses Alliance in the Cheapside area.

Figure 2.1: Continuous and diffusion tube monitoring sites in 2018



2.1 Nitrogen dioxide

Measuring nitrogen dioxide

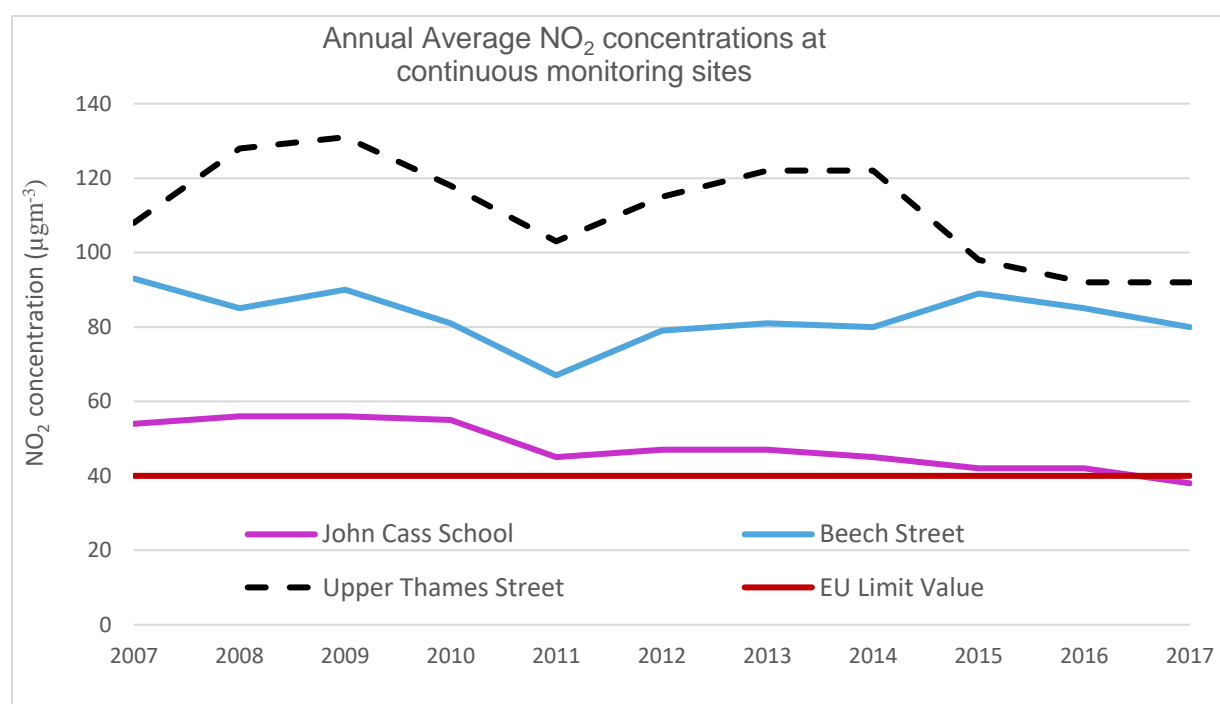
Continuous monitoring

Air quality monitoring is undertaken using different types of equipment depending on the purpose. One method of measuring nitrogen dioxide is with a continuous analyser. They are called continuous analysers as they take a measurement every minute and provide 15-minute average data. These are the most accurate instruments available and provide hourly average readings. The instruments are calibrated regularly and audited twice a year. They are measuring nitrogen dioxide in Beech Street, Upper Thames Street and at Sir John Cass's Foundation Primary School. The data is subject to very detailed checks by Kings College London and made available to the public on the web site www.londonair.org.uk.

Figure 2.2 details the data collected at these three sites from 2007 to 2017. At the time of writing this draft Strategy ratified nitrogen dioxide data for 2018 is not available. It will be included in the final version of the Strategy. The high concentrations seen at Upper Thames Street and Beech Street are associated with the monitoring taking place at busy roadsides. Upper Thames Street is a 3-lane

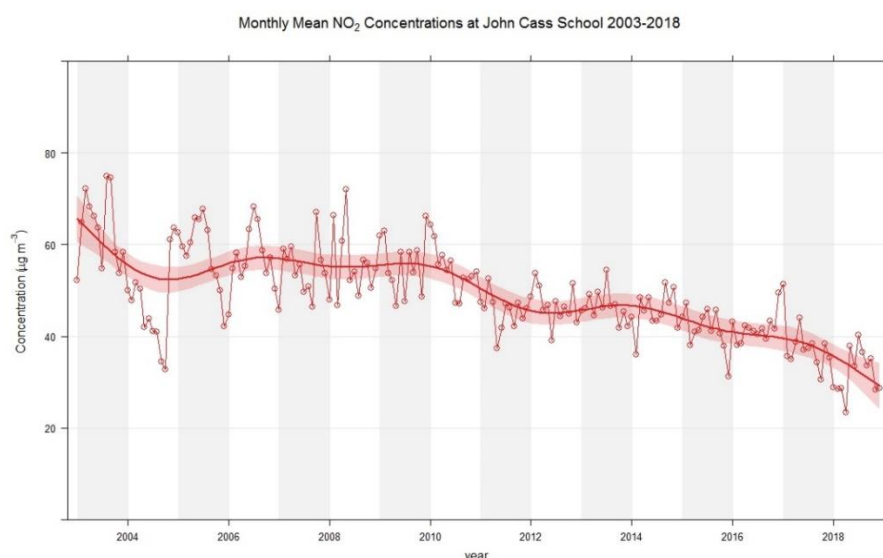
narrow road with tall buildings either side and Beech Street is a covered road. At Sir John Cass's Foundation Primary School, nitrogen dioxide is measured in the rear playground and the site is relatively open, so concentrations are lower. This site is classed as an 'urban background' site. The reduction in concentrations at all sites in 2011 was due to the weather conditions that year. The reduction in concentrations at Upper Thames Street from 2015 followed the installation of the cycle super highway when the lanes of traffic reduced from 4 to 3.

Figure 2.2 Annual Average NO₂, 2007 to 2017



Data collected at Sir John Cass's Foundation Primary School reveals that background concentrations of nitrogen dioxide have been reducing year on year. For the first time in 2017 concentrations were below the annual average EU Limit Value of $40\mu\text{g}/\text{m}^3$. Figure 2.3 shows the monthly average data for Sir John Cass's Foundation Primary from 2003 to 2018 and reveals a continuous improvement over this period.

Figure 2.3: Monthly Average NO₂, Sir John Cass's Foundation Primary School, 2003 - 2018

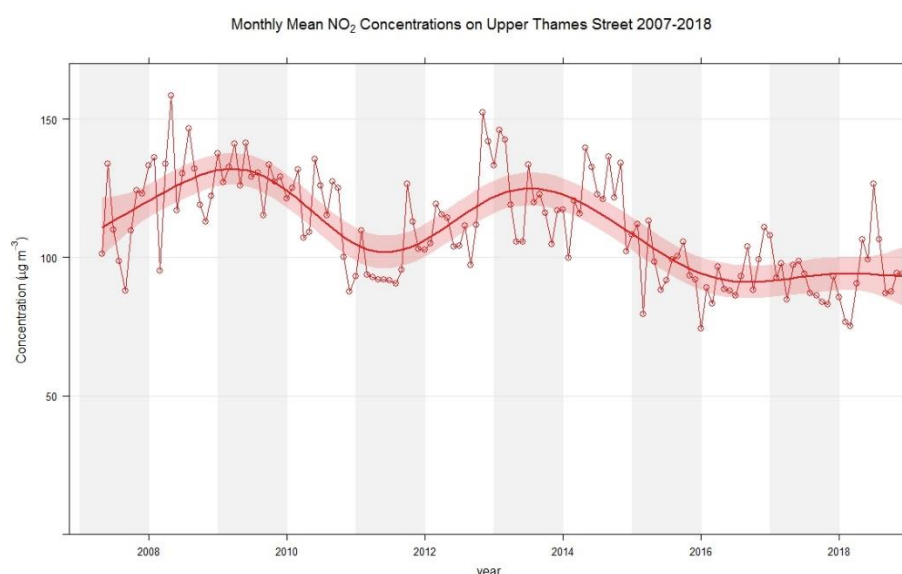


Concentrations of nitrogen dioxide at roadside are also reducing, although they remain high. Figures 2.4 shows the monthly average nitrogen dioxide in Upper Thames Street from 2007 to 2018.

The ongoing high levels of nitrogen dioxide at roadside are due to a range of factors, most significantly the failure of vehicle Euro Standards to meet the required reduction in emissions of oxides of nitrogen (NO_x) in diesel vehicles. There has also been an increase in the use of diesel in the fleet, partly due to national policy to encourage lower carbon fuels.

Further charts showing the variation of pollution over different days of the week and months of the year are presented in Appendix 5.

Figure 2.4: Monthly Average NO₂ in Upper Thames Street, 2007- 2018.



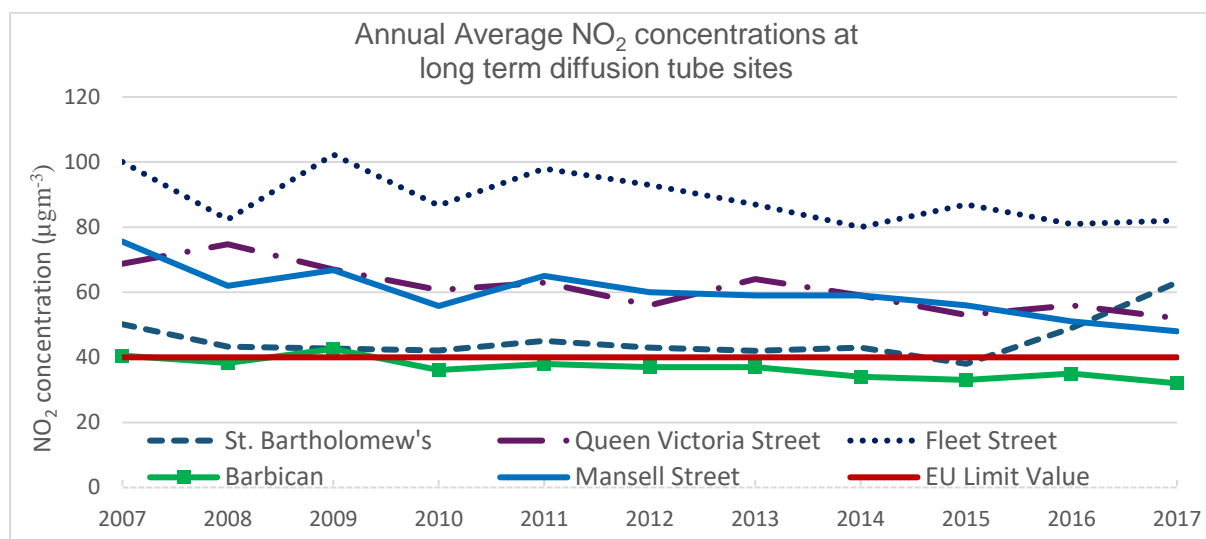
The profile of air quality and interest in data has increased in recent years. As a result, there are many air quality sensors on the market that vary in terms of accuracy and reliability. Good quality data is essential to support air quality management and for people to be able to make sound choices if they want to avoid high levels of air pollution. The City Corporation will therefore support trials of new sensors to establish their accuracy.

Non-continuous monitoring

Data collected from continuous analysers is supplemented by data collected using diffusion tubes. Diffusion tubes are low cost, low maintenance sensors that are less accurate than continuous analysers. Their use is limited as they provide data averaged over a month. The data is very useful however for comparing levels to the annual mean Limit Value, revealing long term trends, and detecting hot spots. Due to the increased interest and concern about air pollution, diffusion tubes are currently in place at approximately 100 locations across the Square Mile to monitor both long term trends and the impact of interventions.

Figure 2.5 details concentrations of nitrogen dioxide measured over 10 years at five sites using diffusion tubes. A similar pattern to that in Figure 2.2 is observed with roadside sites having the highest concentrations with the overall trend being downwards. A significant increase in concentrations was measured at St. Bartholomew's Hospital in 2016 due to an energy centre being introduced down wind of the equipment.

Figure 2.5: Annual Average NO₂ Measured with Diffusion Tubes, 2007 to 2017

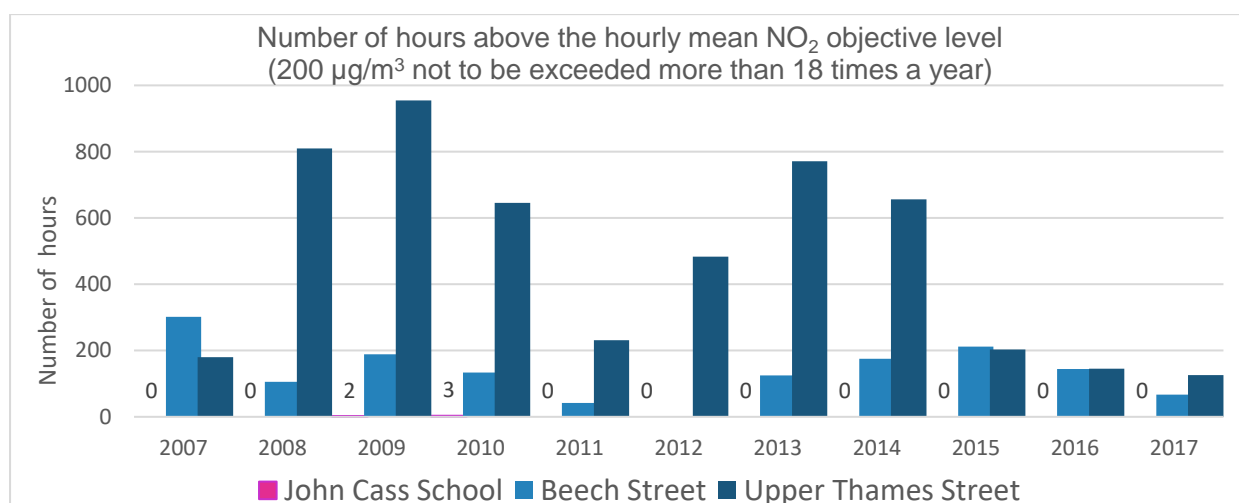


Hourly average concentrations of nitrogen dioxide

In addition to an annual average limit for nitrogen dioxide, there is also an hourly average that should not be breached. This hourly limit is 200 µg/m³. Eighteen

breaches of this limit are acceptable in a year to allow for unusual weather conditions. This can only be evaluated using continuous analysers although it is assumed that if the annual average nitrogen dioxide is above $60\mu\text{g}/\text{m}^3$ the hourly average may be breached. This 18-hour limit is breached every year at Upper Thames Street and Beech Street. It is also likely to be breached in Fleet Street given the very high annual average concentration. The number of hours above $200\mu\text{g}/\text{m}^3$ has dropped significantly since 2015 at the Upper Thames Street monitoring site, see Figure 2.6.

Figure 2.6: Breaches of the hourly average NO_2 , 2007 to 2017



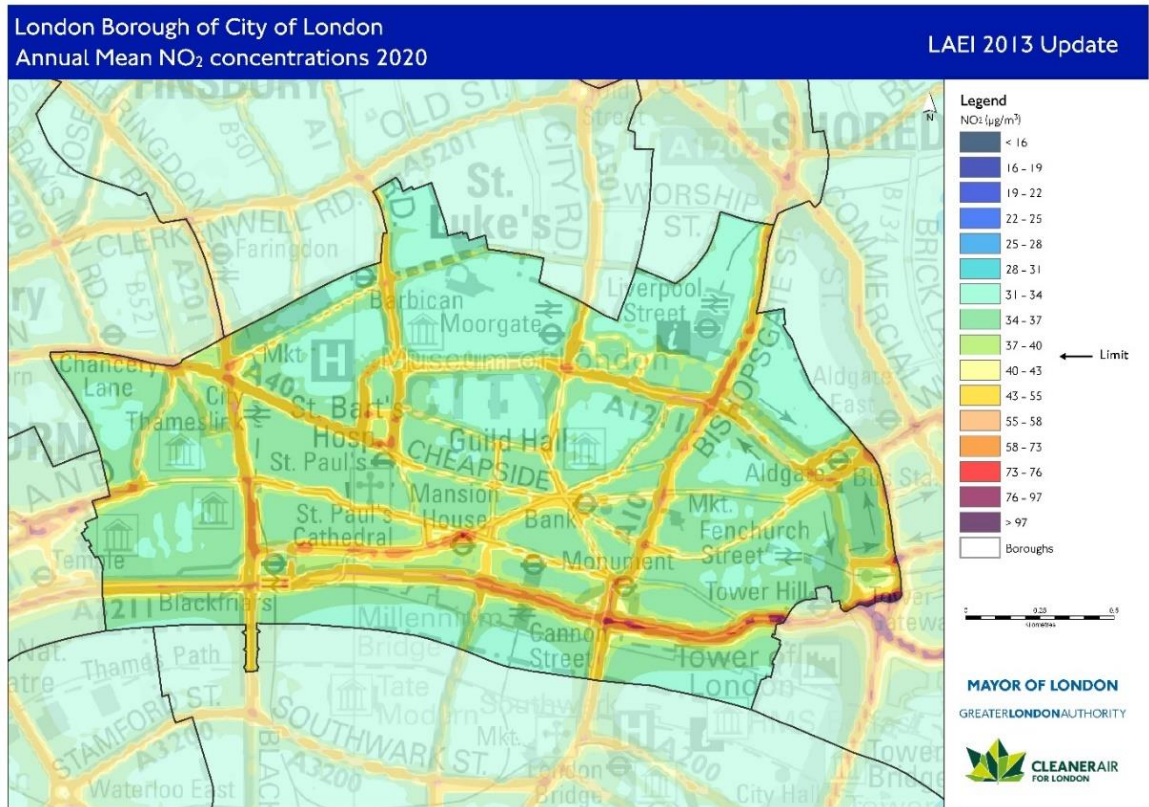
Note: the number of hours above $200\mu\text{g}/\text{m}^3$ at Sir John Cass's Foundation Primary School are shown numerically.

Computer modelling

Air quality monitoring provides data for specific locations. This data is supplemented by computer modelling. Modelling is also used to predict future concentrations of air pollution. Computer model maps, particularly forecast maps, should not be viewed as an accurate representation of concentrations. Instead they are used as a tool to establish where air pollution may be a problem or may continue to be a problem in the future.

Figure 2.7 shows computer modelled concentrations of annual average nitrogen dioxide for 2020 using data from the 2013 London Atmospheric Emissions Inventory. The computer model predicts that the Limit Value for annual average nitrogen dioxide, $40\mu\text{g}/\text{m}^3$, will continue to be breached along all main roads. Monitoring data supports this assumption. An updated LAEI should be published during 2019 and if available, the data will be included in the final version of this Strategy.

Figure 2.7: Modelled concentrations of annual average nitrogen dioxide forecast for 2020

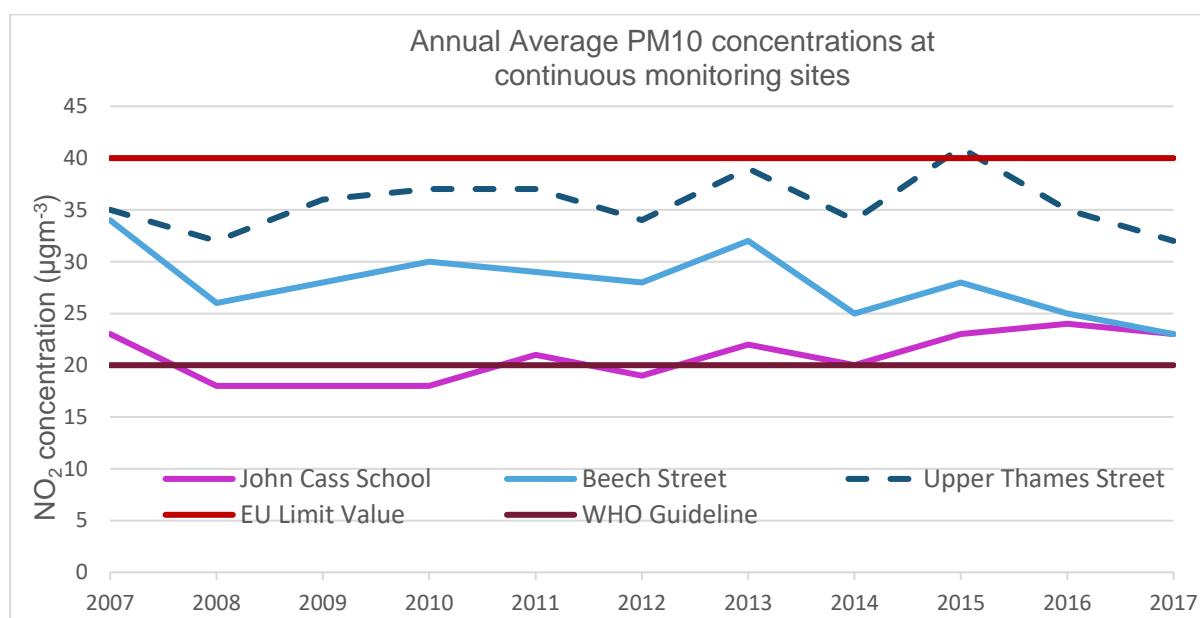


2.2 Small particles (PM₁₀)

Small particles (PM₁₀) are measured using continuous analysers in Upper Thames Street, Beech Street and at Sir John Cass's Foundation Primary School. The data is available on the web site londonair.org.uk

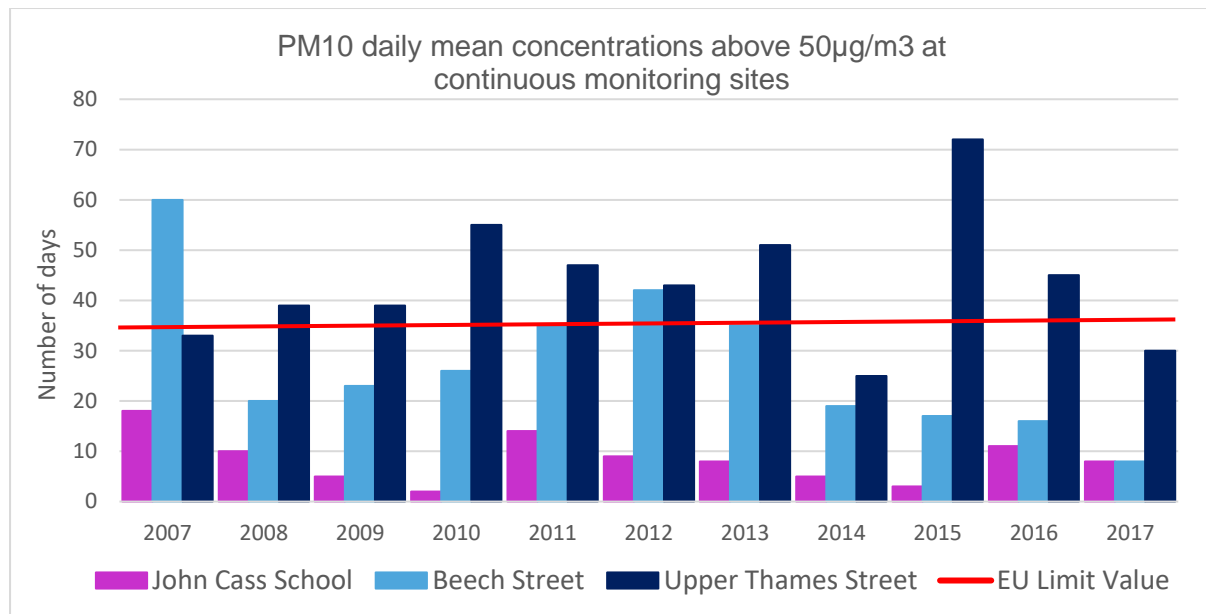
Annual average concentrations of PM₁₀ meet the Limit Value of 40 µg/m³ at all monitoring sites. Since 2007, the Limit Value has only been breached once in Upper Thames Street. This is thought to be associated with the construction of the cycle superhighway. Although the Limit Value is met, the World Health Organisation Guideline for PM₁₀ level of 20 µg/m³ as an annual average is breached at all sites.

Figure 2.8: Annual Average PM₁₀, 2007 to 2017



The Limit Value for daily average PM₁₀ is 50µg/m³. PM₁₀ is made up of a range of materials including metals, carbon, minerals, sulphates and nitrates. Concentrations are highly influenced by the weather and sources outside the Square Mile. Little can be done locally and in isolation that will have a measurable impact on this pollutant. The regulations allow the daily Limit Value to be breached up to 35 days in any given year. This tends to happen in Upper Thames Street. Beech Street has met the daily Limit Value since 2013. Daily average PM₁₀ at Sir John Cass's Foundation primary has never breached the Limit Value.

Figure 2.9: Breaches of the Daily Average PM₁₀, 2007 to 2017



There is less variation in modelled annual mean concentrations of small particles as there are a greater range of sources that contribute to the problem, not just road traffic.

Figure 2.10 shows the modelled concentrations of annual average PM₁₀ for 2020. The limit is set at 40 µg/m³. The map suggests that this could be breached in just a small area along Byward Street and Tower Hill.

Figure 2.10: Modelled concentrations of annual average PM₁₀, forecast for 2020

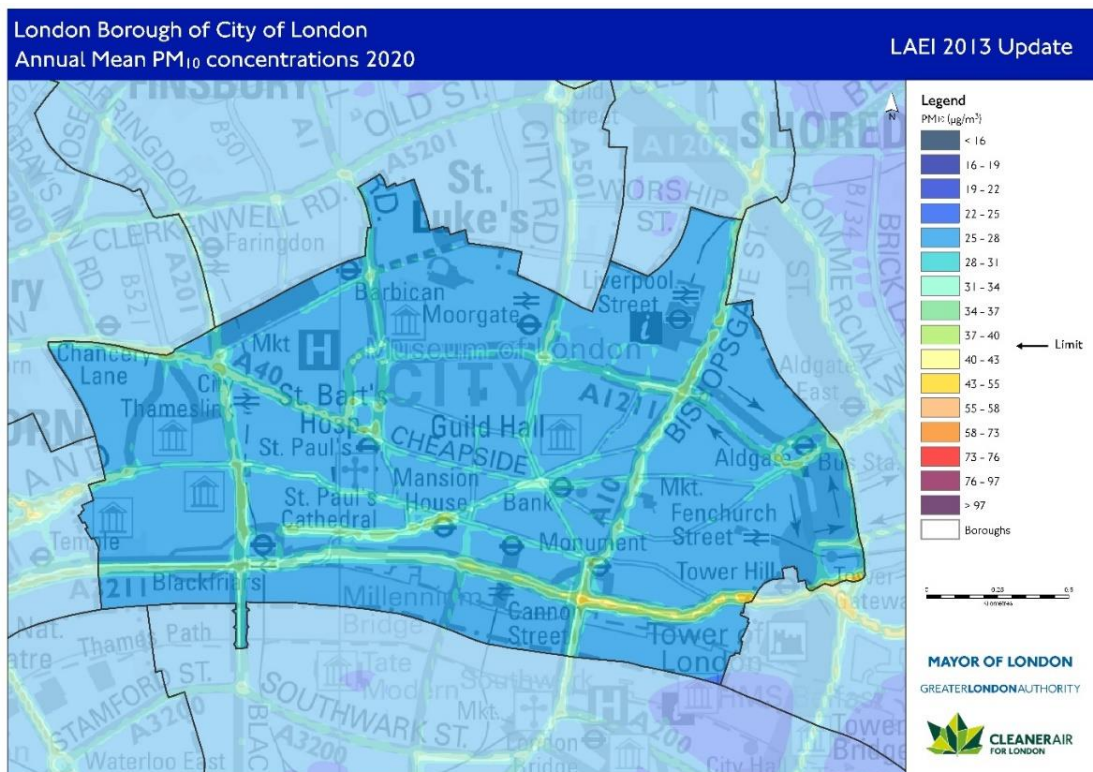
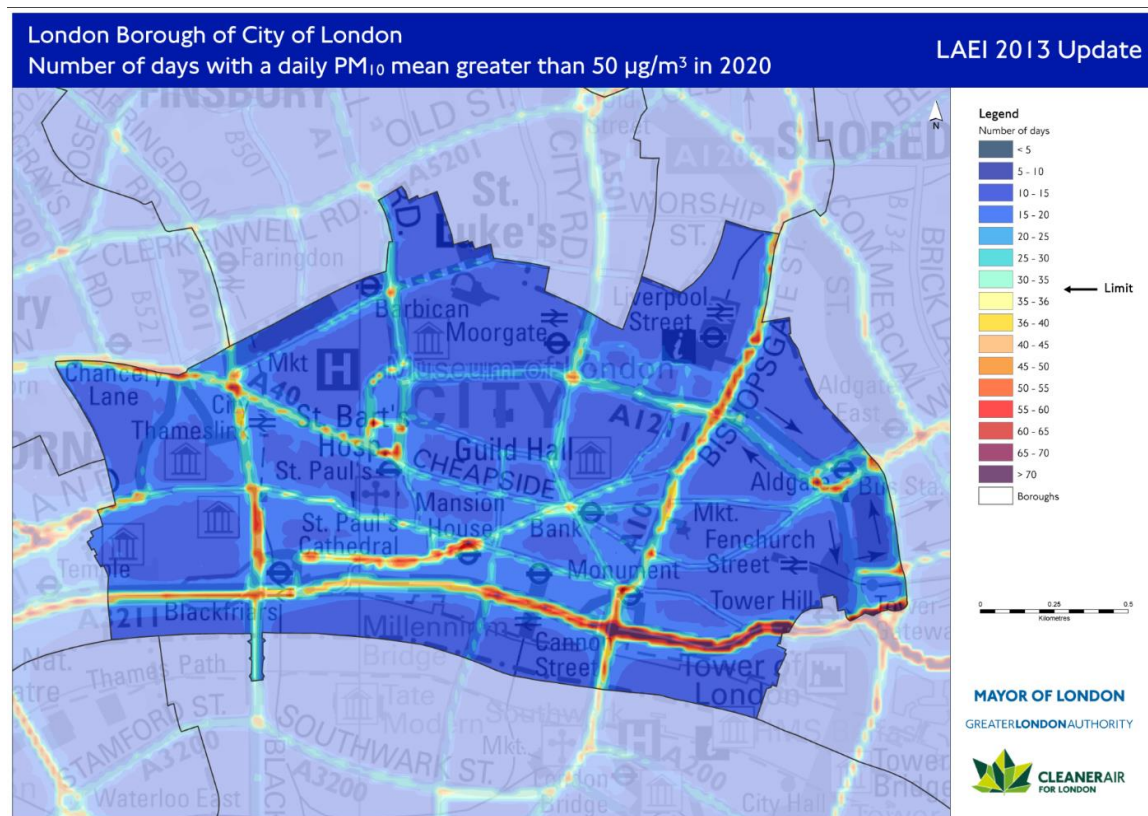


Figure 2.11 shows the number of days the daily average PM₁₀ level is likely to be breached in 2020. The map suggests this may occur adjacent to the busiest roads.

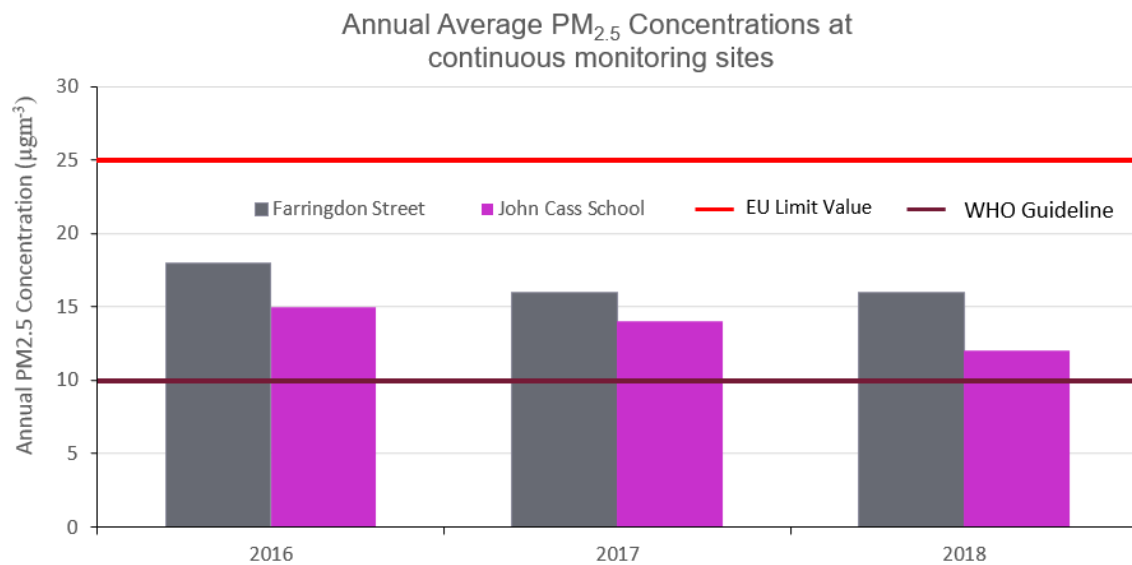
Figure 2.11: Number of days above the daily average PM₁₀, forecast for 2020



2.3 Fine particles (PM_{2.5})

PM_{2.5} is measured in Farringdon Street and at Sir John Cass's Foundation Primary School. Figure 2.12 shows the annual average PM_{2.5} concentrations since 2016. The results indicate that PM_{2.5} meets the Limit Value of 25 µg/m³ at these two locations. However, concentrations are above the WHO Guideline, which is set at 10 µg/m³.

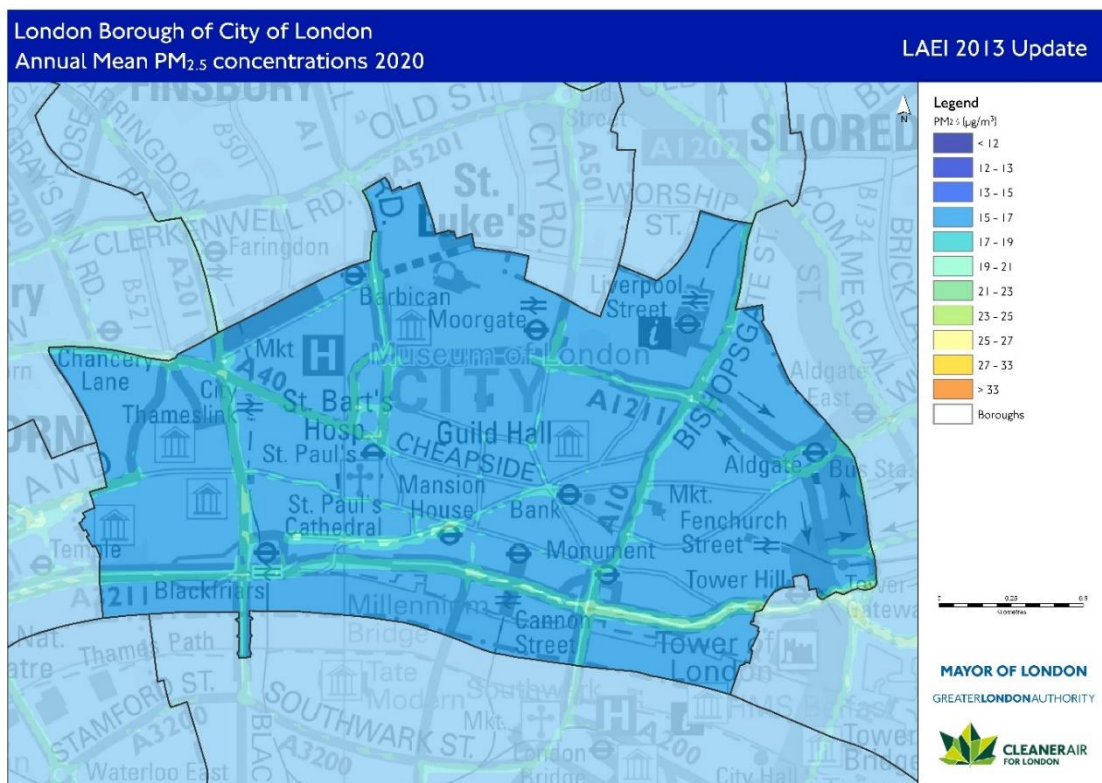
Figure 2.12: Annual Average PM_{2.5}, 2016 to 2018



Note: Data for 2018 is unratiified

Modelled concentrations of annual average PM_{2.5} reveal that levels at all locations across the City of London in 2020 will be below the annual average Limit Value of 25µg/m³. The whole of the City of London is likely to breach the WHO Guideline of 10µg/m³. There is very little that can be done by the City Corporation in isolation that will have a significant impact on concentrations of this pollutant.

Figure 2.13 Modelled concentrations of annual average PM_{2.5}, forecast for 2020



One of the aims of this strategy is to 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 start of 2025. The remaining areas are likely to be at very busy road junctions and in some heavily trafficked streets with narrow carriage ways and tall buildings that act to trap air pollutants. An assessment of air quality policies and interventions will be undertaken annually to ensure that this will be met.

An additional strategy aim is to take coordinated action to achieve the WHO Guidelines for PM₁₀ and PM_{2.5} in the shortest possible time. This recognises that the City Corporation cannot achieve this in isolation. Once the 2019 LAEI has been published, an assessment will be undertaken to determine when this is likely to be.

Air Quality Monitoring

We will:

Ensure that adequate and appropriate monitoring is undertaken across the City of London to fulfil statutory obligations and make good quality data available to the public.

Use air quality data to generate pollution alerts and messages using a range of media such as the free CityAir Smart Phone App.

Publish an annual report of air quality data on the City Corporation web site.

Continue to make live data from continuous air quality monitors available to the public on the London Air Quality Network web site.

Support the testing of new air quality sensors to establish their degree of accuracy.

Undertake an annual assessment of air quality to ensure levels of nitrogen dioxide in 90% of the Square Mile meet health-based Limit Values and WHO Guidelines by 2025.

3. Leading by Example

Commitment: The City Corporation will seek opportunities to influence air quality policy across London and lead by example to improve local air quality and reduce exposure to air pollution

Improving air quality is a political priority for the City Corporation, for which there is very strong Member interest and support. The Port Heath and Environmental Services Committee oversees the development and implementation of air quality policy, and the Chairman and Deputy Chairman have a keen interest in the issue.

Public Health responsibilities were returned to local authorities in April 2013. This led to the creation of Health and Wellbeing Boards (HWB). The City Corporation HWB supports measures for improving local air quality. The City's Joint Strategic Needs Assessment recognises the significance of air quality. Air quality has been identified by the City Corporation as a Corporate Risk. Management of this risk is overseen by the Audit and Risk Management Committee. Reports are presented to this Committee detailing how the risk is being mitigated.

City Corporation Responsible Business Strategy

The City Corporation's Responsible Business Strategy 2018 is set within the framework of the Corporate Plan. It details how responsible business practices will be put in place across the organisation. One of the main policy areas in the plan is to improve air quality. Box 1 details the specific air quality actions. Many of these actions are referenced elsewhere in this document.

- **Improve local air quality in the Square Mile and reduce exposure to air pollution by continuing to develop and deliver the City of London Air Quality Strategy.**
- **Significantly increase the number of clean vehicles in our fleet and continue to trial new technology.**
- **Encourage and facilitate the uptake of clean alternative vehicles throughout our supply chain.**
- **Increase the number of electric-vehicle charging points across our sites.**
- **Reduce emissions of air pollutants from our building stock.**
- **Provide leadership for air quality policy and action across London.**
- **Encourage businesses to become air quality champions and support our work for cleaner air.**
- **Support research and development into measures to improve air quality with London Universities.**
- **Act as a facilitator for collaborative action on air pollution in London.**

Box 1

City Corporation Fleet

The City Corporation has been reducing emissions from its own fleet for several years. This has been achieved by improved management, a reduction in size of the fleet and the purchase of newer, cleaner vehicles. Since January 2016, a policy has been in place that diesel vehicles cannot be purchased or leased if there are low or zero emission options available. The City Corporation owns or leases 133 vehicles and is in the process of reducing this to 118. These comprise of cars, vans, minibus, tippers, sweepers, pick-up trucks, gully tankers and a range of vehicles associated with open spaces. Most of these vehicles do not operate in the Square Mile. The City Corporation regularly trials new electric vehicle technology such as an all-electric refuse collection vehicle. Eight new electric vehicles were trialled in 2018.

The City Corporation is working towards replacing its vehicles used in the Square Mile with electric or hybrid to comply with the Mayor of London's ultra-low emission zone. A fuel hierarchy is in place for new vehicles:

- a) Full electric
- b) Plug-in hybrid
- c) Petrol hybrid (regenerative braking)
- d) Petrol
- e) (Euro 6/ VI) Diesel

100% of the electricity used by the City Corporation is from renewable sources so electricity used to charge Corporate vehicles isn't contributing to air pollution outside the City of London boundary.

City Corporation Responsible Procurement Strategy

The City Corporation Responsible Procurement Strategy requires that, for large contracts over £250k, at least 10% of the qualitative contract evaluation criteria must address responsible procurement. Large contracts include a 'no vehicle engine idling' policy. Contracts that require the use of vehicles are required to put additional measures in place to help reduce air pollution.

There is a flexible approach with the following menu of options:

- a) Targets for the reduction of NOx and PM10 over the life of the contract
- b) Develop a plan for reducing the air quality impact on days of 'high' and 'very high' air pollution
- c) Develop a logistics approach that avoids deliveries during peak congestion and pedestrian footfall times
- d) Regular green driver training
- e) Retrofit and trial a new technology
- f) Trial a zero-emission vehicle with the support of the City of London Corporation

- | |
|---|
| g) Another innovative action to support the Air Quality Strategy that would reasonably deem to be an equivalent level of ambition |
|---|

In April 2019, the City Corporation will start a new waste collection, street cleansing and ancillary services contract. This new contract will deliver the first low and zero emission fleet in the UK which also consists of the UK's first fully electric fleet of dustcarts.

City Bridge Trust

The City Bridge Trust is the funding arm of Bridge House Estates. It was established to make use of funds surplus to bridge requirements and provides grants towards charitable activity benefitting Greater London. The City of London Corporation is the sole trustee of the Bridge House Estates.

The City Bridge Trust has awarded a grant to Client Earth, a non-profit environmental law organisation, to engage with businesses to tackle the effects of air pollution & encourage a behavioural change towards greener ways of doing business. The Trust also funds a programme of Eco-Audits for voluntary sector organisations. This reviews their energy use, waste and travel patterns, with the aim of making them more sustainable, lower their carbon footprint, and save money by reducing energy bills.

Proposal for New Regulatory Powers

Whilst there is a great deal of action underway to reduce emissions from road traffic there is a lack of effective controls to deal with emissions from combustion plant (boilers, generators, non-road mobile machinery and combined heat and power plant). Close monitoring has revealed significant local impact on levels of air pollution from some combustion plant. The City Corporation has identified a need for a practical, local authority focused piece of legislation to deal with emissions from combustion plant and is working with London Councils to develop a Private Members Bill to tackle this source of pollution.

Leading by Example

We will:

Continue to place air quality as an important political priority and support the outcomes of the City Corporate Plan and local and London-wide action

Provide information on reducing emissions from buildings for City Corporation facilities managers and investment property managers

Reduce emissions of air pollutants from buildings owned by the City Corporation

Review the provision of electric vehicle charging across City Corporation sites including residential estates

Ensure that, subject to operational requirements, 100% of vehicles owned or leased by the City Corporation are electric or hybrid by 2025

Continue to trial low and zero emission technology

Continue to encourage zero emission vehicles through the supply chain

Require electric or hybrid vehicles as a default for the Corporate taxi contract, together with annual emission reduction targets

Require zero emission and electric or hybrid vehicles as a default for courier contracts, together with annual emission reduction targets

Continue to ensure that all relevant Corporate strategies and policies reflect the importance of improving local air quality and reducing exposure

Work with London Councils and other stakeholders to develop proposals for legislation to help improve air quality across London

4. Collaborating with Others

Commitment: The City Corporation will work with a wide range of external organisations on air quality policy and action in order to improve air quality in the Square Mile and across London.

As a significant amount of air pollution in the Square Mile is not generated within its boundary, the City Corporation works with a wide range of organisations on actions to improve air quality and raise awareness. This collaborative work is an essential component of air quality management in the City of London.

Mayor of London

The Mayor of London has a duty to develop an Air Quality Strategy in support of the National Air Quality Strategy and to achieve legal limits for air quality across London. The City Corporation, along with other London Boroughs, must have regard to the Mayors Air Quality Strategy when exercising its own responsibilities for London Local Air Quality Management (LLAQM)⁴. The key requirements of LLAQM are:

- Monitor and assess air pollution
- Ensure an Air Quality Management Area is in place for any areas that exceed the air quality objectives and Limit Values
- Ensure that a current and relevant Action Plan is in place. This should be updated at least every five years
- Publish annual monitoring and action plan update reports

Low Emission Neighbourhood



The City Corporation works very closely with the Greater London Authority and Transport for London. The Mayor of London awarded the City Corporation £1 million over 3 years, from 2016 - 2019 to pilot a range of measures as part of a Low Emission Neighbourhood programme. A range of activities and projects took place over three years, ending in March 2019. These are detailed overleaf.

⁴ <https://www.london.gov.uk/what-we-do/environment/pollution-and-air-quality/working-london-boroughs>

- The installation of 30 electric vehicle charging points in Barbican Estate car parks.
- Cargo bike delivery service pilot
- Provision of cargo bikes for use by City Corporation Gardeners
- Engagement with schools, businesses and residents
- Development of business best practice
- Delivery and service case studies
- Best practice document for construction activity
- Idling engine training with St Bart's Ambulance Services
- Greening projects such as Moor Lane and support for the Clean and Green for Seventeen City in Bloom competition
- Air quality grants for businesses
- Air quality monitoring
- Barbican art installation



Funding has also been received from the Mayors Air Quality Fund for a range of projects. This includes rolling out the City Corporation's successful anti vehicle engine idling programme and for research into the impact of using diesel generators for electricity generation at times of peak demand.

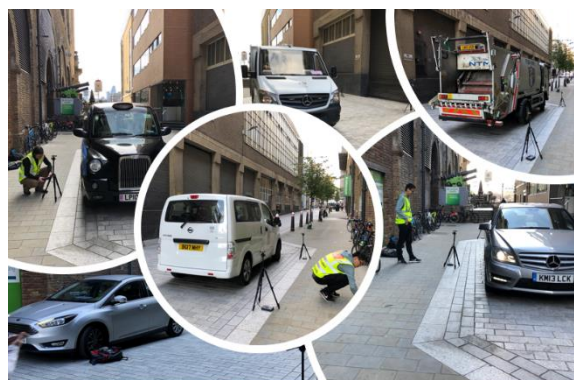
The Mayor of London is delivering a wide range of policies across London to improve air quality. Air quality in the City of London will benefit from all policies but those anticipated to have the greatest impact are cleaning the London bus fleet, cleaning London taxis and the implementation of the ultra-low emission zone (ULEZ). The City of London will be completely within the ULEZ from April 2019. Further details on policies and programmes being implemented by the Mayor of London are in Appendix 6.

London Boroughs and London Councils

The City Corporation works closely with London Boroughs and London Councils. The City Corporation and seven neighbouring authorities form the Central London Air Quality Cluster Group. This group meets regularly at the City Corporation offices to discuss best practice. The City Corporation also provides the chairman for the London Air Quality Steering group which also meets regularly at the City Corporation offices. This group was established to direct and influence strategic air quality policy across London. Members include London Boroughs, the Environment Agency, Greater London Authority, Transport for London and London Councils.

London Universities

The City Corporation has worked very closely with Kings College London (KCL) for many years. The City Corporation commissions KCL to independently check air quality data and make it available to the public on the KCL web site www.londonair.org.uk. The City Corporation has also commissioned KCL to deliver a range of projects including:



- the development of the free smartphone App CityAir;
- undertake real world vehicle emission testing on streets in the City of London;
- assess the impact of washing Beech Street on levels of particle pollution
- independent tests to assess the effectiveness of dealing with idling vehicle engines.

In 2018, City Corporation drivers took part in a study called DEMiST – The Driver Diesel Exposure Mitigation Study. The aim of the study is to quantify the exposure of drivers to diesel exhaust in order to develop cost-effective risk reduction strategies. The City Corporation supports dissertations and research projects. The latest was a study of the impact of messages provided by smartphones during air pollution episodes. This research was published in Environment International, Volume 124, March 2019, and used the City Corporation's CityAir App.

The City Corporation provides the co-chair for the APRIL Committee (Air Pollution Research in London). The City Corporation has also commissioned research to look at the impact of urban form on air pollution in the Square Mile.

Third Sector

The Third Sector is comprised of non-government and non-profit-making organisations. This includes charities, voluntary and community groups. The City Corporation works with a range of third sector organisations on air quality projects including Environmental Protection UK, Global Action Plan, London Sustainability Exchange and Friends of City Gardens. An event to celebrate 120 years of Environmental Protection UK was hosted by the City Corporation in September 2018.

Port of London Authority

The Port of London Authority (PLA) is the governing body for the Port of London. Its responsibility extends over the Tideway of the River Thames. It maintains and

supervises navigation and protects the river's environment. The PLA published an Air Quality Strategy in 2018. The Strategy will be delivered through an Action Plan, covering 2018 to 2022. The 18 proposals for action in the document include carrying out further studies, establishing standards, investigating means to develop and implement green technology, encouraging best practice and further monitoring of river emissions. The City Corporation supported the development of the Strategy and is assisting the PLA in monitoring emissions from the river, detailed as Action 15 of the PLA Air Quality Strategy.

Cross River Partnership

Cross River Partnership (CRP) is a public-private partnership that has been delivering regeneration projects in London since 1994. Its membership includes local authorities, business organisations and other strategic agencies relevant to London. The City Corporation provides the Public Sector Co-chair for CRP and works with the organisation on cross London Borough projects.

Environment Agency

The Environment Agency is public body with responsibilities for the protection and enhancement of the environment. The City Corporation has been working with the Environment Agency to support the implementation of the Medium Combustion Plant Directive (MCPD). The MCPD is a regulatory mechanism for controlling emissions of pollutants from combustion plant between 1 megawatt thermal (MWth) and 50 MWth in size. The emission limits set in the MCP Directive are applied in the United Kingdom from 20 December 2018 for new plant, and from 2025 or 2030 for existing plant, depending on size. It is anticipated that there are many plant in the City of London that meet this criterion. They can be a significant source of emissions of nitrogen oxides (NOx) and small particles, particularly plant fuelled by diesel.

Businesses in the City of London

The City Corporation has been engaging with the City of London business community for over eight years to get their support for improving local air quality and raising staff awareness through the CityAir programme. Regular lunchtime workshops for business representatives are hosted by the City Corporation. Best Practice Guides have been produced with input from City of



London businesses and industry representatives. This includes a Building Engineer Toolkit which provides advice for Facilities Managers on reducing emissions of air

pollutants from buildings. A Low Emission Supply Chain Guide, originally developed in 2012, was improved and updated to incorporate latest best practice in 2018. It provides guidance on reducing the impact on freight transport emissions. There are several Business Air Quality Champions who provide invaluable support and lead the way in action to reduce their impact on local air pollution.

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

Collaborating with Others

We will:

Continue to work closely with the Greater London Authority and Transport for London on policies to improve air quality and ensure that all actions support the aims and objectives of the Mayor's Environment Strategy

Continue to collaborate with London Boroughs and London Councils on action to improve air quality

Support Universities with research into the health impacts of air pollution, to increase understanding of the sources of pollution and the effectiveness of interventions to reduce pollution

Continue to support the Third Sector to deliver air quality improvement projects and raise awareness amongst London's communities

Support the Port of London Air Quality Strategy through air quality monitoring and in taking wider action to reduce emissions from vessels on the river Thames

Continue to support the Cross-River Partnership in its delivery of air quality projects in central London.

Continue to support the Environment Agency with action to improve air quality, including the implementation of the Medium Combustion Plant Directive

Continue to engage with and support the City of London Business Community to become Air Quality Champions and reduce their impact on local air pollution

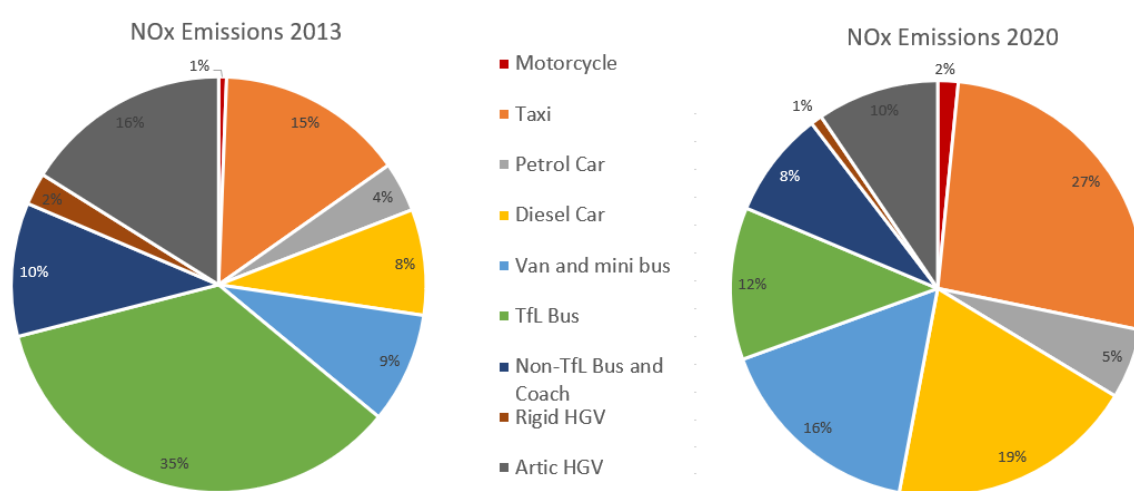
5. Reducing Emissions from Road Transport

Commitment: The City Corporation will implement a range of measures to reduce emissions of air pollutants associated with road traffic in the Square Mile

How people and goods travel to and around the City of London has a significant impact on air quality. The road network in the City of London is used intensively; particularly during the working week as vehicles support the needs of businesses. The Square Mile is located within the Congestion Charge Zone and Ultra-Low Emission Zone. The City of London is very well served by public transport and has 54 bus routes, six mainline railway stations and 12 underground and District Light Railway stations. The number of people who commute into the Square Mile by private car is low.

The London Atmospheric Emissions Inventory suggests that in 2013 road transport accounted for 57% of NO_x; 56% of PM₁₀, and 69% of PM_{2.5} emissions from within the Square Mile. Estimates have been made for 2020 but these were made some time ago and are uncertain, see Appendix 3. Diesel vehicles account for approximately 96% of these emissions, the majority of being buses, taxis and lorries. Figure 5.1 shows the proportion of NO_x emissions for different vehicle types in 2013 together with forecasts for 2020. The main contributor to air pollution from traffic in 2013 was the bus fleet. By 2020 this is expected to change to taxis as the bus fleet becomes progressively cleaner.

Figure 5.1: Proportion of NO_x emissions from vehicles in the City of London in 2013 and 2020



Source GLA LAEI 2013

Figure 5.2 compares the total amount of NOx emitted in tonnes per vehicle type in the City of London in 2013 and compares this to 2020. It clearly shows large reductions in emissions for all vehicles, particularly TfL buses.

Figure 5.2: Change in emissions of NOx from different vehicle types in 2013 and 2020

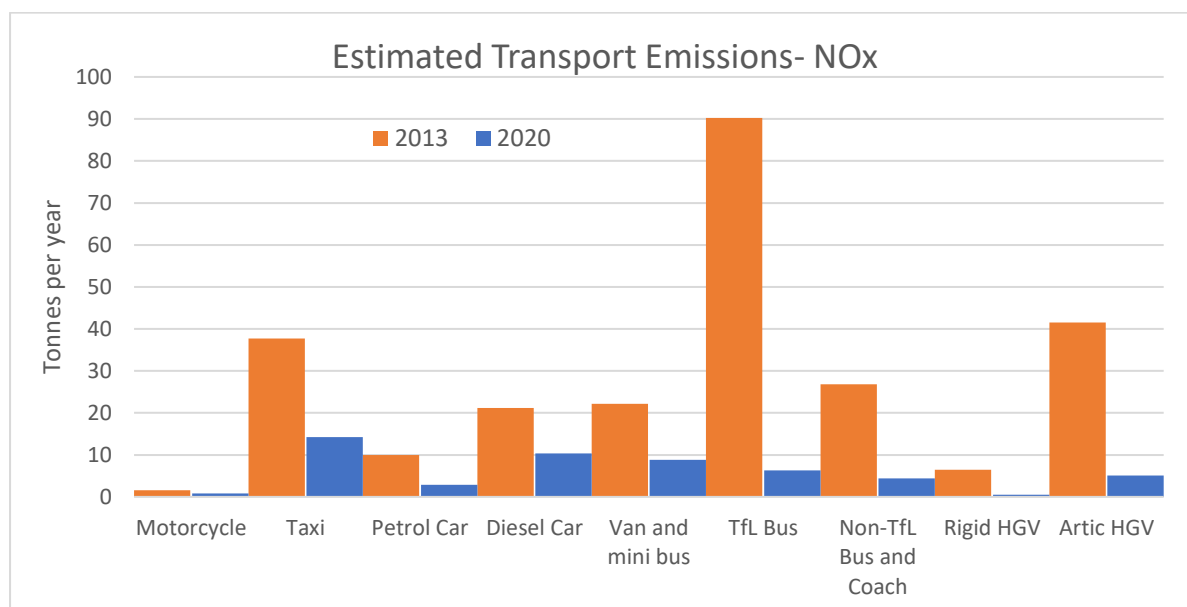
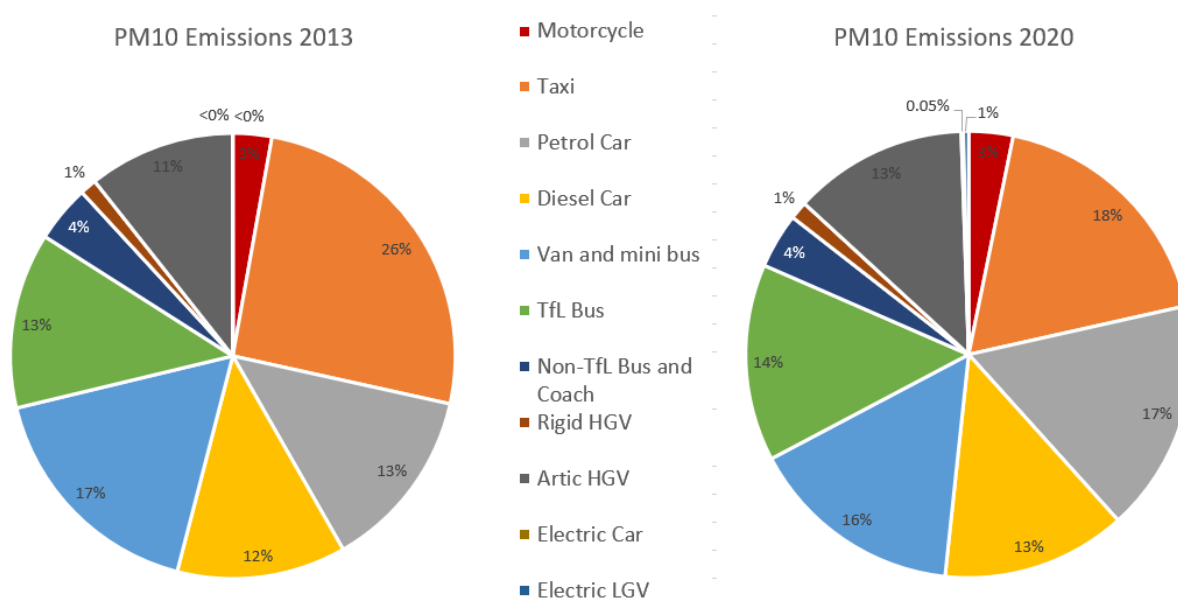


Figure 5.3 shows the relative proportion of PM₁₀ emissions for different vehicle types in 2013 with forecasts for 2020. The most noticeable difference between 2013 and 2020 is anticipated to be a reduction in emissions from taxis as they start to move over to electric. The PM₁₀ attributed to electric vehicles is from tyre and brake wear.

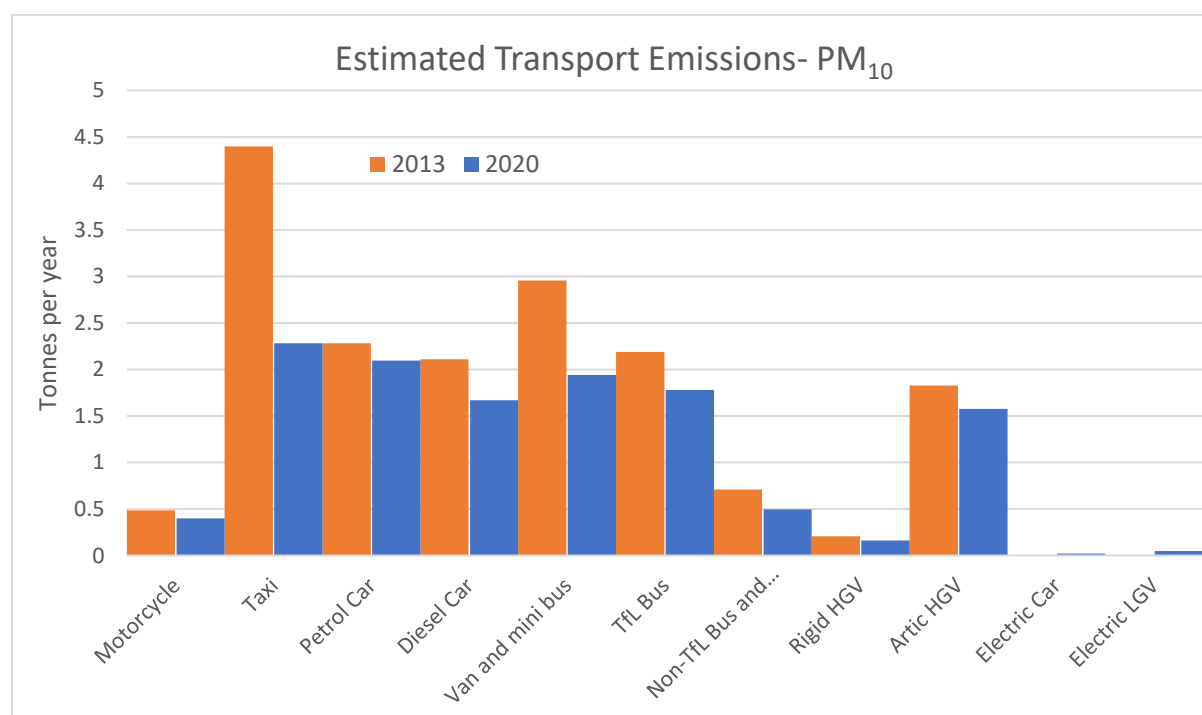
Figure 5.3: Proportion of PM₁₀ emissions from vehicles in the City of London in 2013 and 2020



Source GLA LAEI 2013

Figure 5.4 compares the total amount of PM₁₀ associated with different vehicle types in 2013 and 2020. The difference isn't as great as for NO_x with the notable exception of taxis.

Figure 5.4: Change in emissions of PM₁₀ from different vehicle types in 2013 and 2020



Mayor of London Transport Policies

The Mayor of London is delivering a wide range of policies to reduce air pollution from road transport.

Ultra-Low Emission Zone

The Ultra-Low Emission Zone will be introduced in central London in April 2019. The Square Mile will be completely within the zone. The ULEZ requires diesel vehicles to meet the Euro 6/VI emission standard or pay a daily charge to enter the zone. Petrol vehicles will have to meet the Euro 4 emission standard. The emission requirement will be in place 24 hours a day, seven days a week. From 2021, the Mayor proposes to extend the zone to encompass the North and South Circular boundaries.

Taxis and Private Hire Vehicles

Transport for London (TfL) appoints and regulates Taxi drivers. It is also responsible for setting the emission limits for taxis and Private Hire Vehicles (PHVs). There is a 15-year age limit for London taxis and all new taxis must now be zero emission capable (ZEC). The age limit for PHVs is 10 years. All PHVs licensed for the first time must have a Euro 6 petrol or diesel engine, or a Euro 4 petrol-hybrid engine. New zero emission capable requirements for PHVs will be phased in from 2020.

Further details of the Mayor's emission controls for taxis are included in Appendix 6.

The City Corporation has published a draft Transport Strategy. The overarching aim is to reduce the amount of traffic on the roads in the Square Mile in order to reallocate street space to pedestrians. A reduction in all types of traffic will be required to meet the aim of achieving a 25% reduction in traffic by 2030 and 50% by 2044. The City Corporation will therefore support TfL's efforts to reduce the number of PHVs operating in central London and work with the taxi industry to reduce empty running. This will have a positive effect on local air quality.

Buses

London buses have been a significant source of air pollution in the City of London. The Mayor of London is in the process of cleaning the fleet. He has made a commitment that all single deck buses operating in London will be zero emission by the end of 2020. All new double deck buses are now hybrid, electric or hydrogen. All double deck buses operating in the Square Mile will be at least Euro VI, the latest Euro Standard, by April 2019. Zero emission double deck buses will be gradually introduced to achieve an entirely zero emission fleet by 2037 at the latest.

Transport for London has undertaken a review of its central London bus network. Following a decline in bus use, TFL is examining ways to tackling bus journey times and reliability. The City Corporation through its draft Transport Strategy, will work with TfL to identify opportunities to reduce the number of buses travelling through the

City of London without compromising public transport accessibility. The City Corporation will also request an accelerated roll out of zero emission capable buses on routes through the Square Mile.

City Corporation draft Transport Strategy

The City Corporation, through its draft Transport Strategy, is committed to making streets in the Square Mile great places to walk by prioritising the needs of people on foot.

Traffic management measures will be identified through Area Based Healthy Street Plans. The first three plans will cover Barbican and Smithfield; Bank and Guildhall and the City Cluster and Fenchurch Street.

The draft Transport Strategy, and corresponding Delivery Plan, is fully integrated into this Air Quality Strategy. It contains a wide range of proposals that will lead to better air quality in the City of London. The most significant are:

- Support and champion a central London Zero Emission Zone (ZEZ) within the next Mayoral term. Seek a phased introduction of ZEZ restrictions with the aim of ensuring that 90% of motor vehicles entering the Square Mile are zero emission capable by 2030.
- Introduce local ZEZs covering the Barbican and Golden Lane Estates and City Cluster by 2022

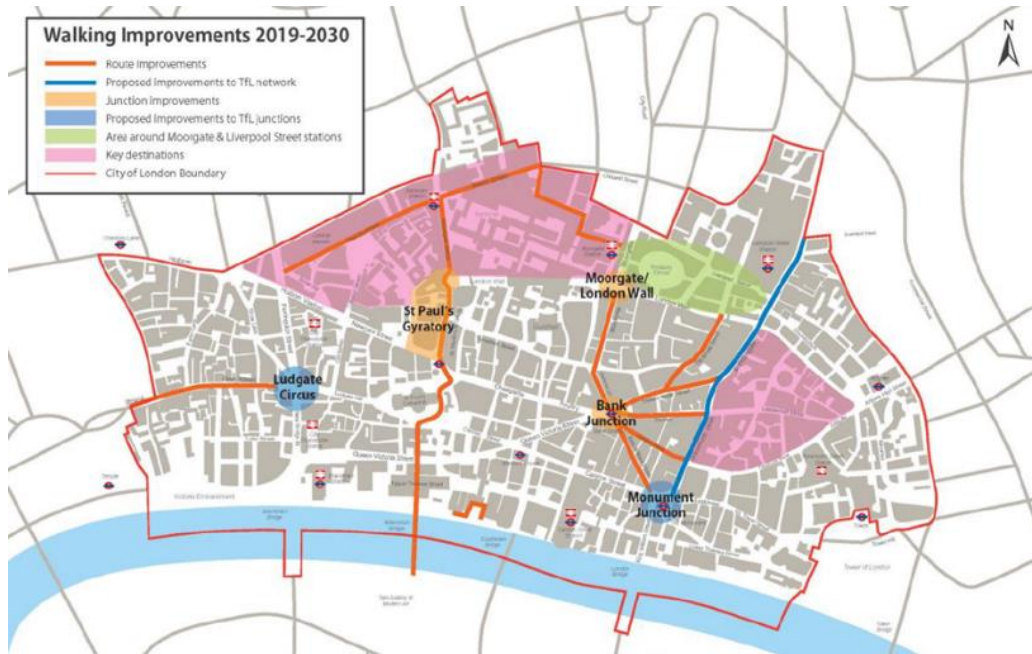
There is also a commitment to:

- Support small businesses to accelerate the transition to zero emission capable vehicles
- Discourage private vehicle use and provide no additional on street parking
- Introduce car free days from 2019

The Transport Strategy contains the following proposals to reduce the exposure of pedestrians to pollution:

- Increase the number of pedestrianised, or pedestrian priority streets
- Widen pavements
- Reduce the amount of time people wait for a green signal to cross the road.
- Complete the riverside walkway and improve the quality of the public realm along the river front.
- Enhance the Barbican High-Walk making it easier to navigate.
- Improve awareness of traffic free walking routes to take people away from areas of poor air quality
- Timed and temporary street closures including a Lunchtime Streets programme
- Support and facilitate street closures by third parties

- Complete the roll out of Legible London maps and directional signs across the Square Mile by 2022



Ultra-Low Emission Vehicle Street

The City Corporation is working towards a pilot of an Ultra-Low Emission Vehicle (ULEV) access restriction. ULEVs are vehicles that emit less than 75g of CO₂/km from the tailpipe and can operate in zero tailpipe emission mode. It is a cleaner standard than that required to meet the Mayor of London Ultra Low Emission Zone. ULEVs include pure electric vehicles, some plug-in hybrids and 'range extended' electric vehicles, such as the new taxi for London.

The trial will enable the City Corporation to assess the suitability of this type of scheme for improving air quality in the Square Mile and provide useful information for the proposed Zero Emission Zones in the City.

Freight

Freight vehicles i.e. those involved in the movement of goods and services, account for around 17% of the traffic in the Square Mile. They tend to be diesel fuelled and so have relatively high emissions of air pollutants.

The City Corporation draft Transport Strategy proposes a range of actions which will assist in reducing emissions of air pollutants associated with freight and will be implemented in conjunction with the City of London Local Plan:

- Reduce the number of freight vehicles in the Square Mile
- Establish a freight consolidation service for the Square Mile
- Support zero emission last mile deliveries
- Identify opportunities to increase the use of the river for freight
- Work with freight operators to ensure their fleets meet Port of London Authority air quality standards
- Explore the use of Blackfriars and Tower Piers and reinstate Swan Lane Pier as points to transfer freight to zero emission last mile delivery
- Require all development in the City of London to consider the use of the river for the movement of construction material and waste

The City of London Freight and Servicing Supplementary Planning Document (SPD), published in February 2018, provides guidance on the interpretation of policies in the City of London Local Plan in relation to freight and servicing movements in the Square Mile.

The SPD sets out potential measures for managing freight through the planning process by minimising trips, matching freight demand to network capacity, and mitigating the impact of essential freight trips.

Cycling

The City Corporation supports and encourages cycling as a mode of transport. Cycling in the City of London increased by 292% between 1999 and 2017. All other forms of transport reduced over the same period.

The City Corporation Transport Strategy and City Local Plan supports and encourages cycling by:

- Increasing the amount of cycle parking in the City of London
- Ensuring new developments contribute to improving the experience of cycling in the City of London
- Promoting and celebrating cycling
- Improving cycle hire provision
- Apply a minimum cycling level of service to all streets

Electric Vehicle Charging Infrastructure

Fifty electric vehicle charge points are currently available in City Corporation public car parks. A further 30 have been installed in Barbican residents' car parks. A rapid

charging hub for taxis is planned for Baynard House car park and a taxi only rapid charge point at Noble Street taxi rest rank.

The City Corporation Transport Strategy details a commitment to install additional publicly accessible rapid electric charge points to support the transition to zero emission and zero emission capable vehicles. This includes exploring the potential for a charging hub with priority access for commercial vehicles. The City's Local Plan requires electric vehicle charging points to be installed within the service areas of new buildings for freight vehicles.

Transport and Public Realm Schemes

The City Corporation has implemented a number of transport and public realm schemes that have been closely monitored for air quality impact, for example Aldgate public realm and changes to Bank Junction.

Work is underway for two major transformation projects in the City of London that will also deliver measurable improvements in local air quality. The first is the Beech Street Transport and Public Realm project and the second is the St. Paul's Gyratory Transformation Project. The initial stage of each project is to assess the feasibility of reducing traffic dominance which will enhance the public realm and improve air quality locally. Air quality improvements will be integrated into both schemes.

Dealing with Idling Vehicles

The City Corporation takes a wide range of action to deal with unnecessary vehicle engine idling. This includes:

- Responding to complaints and engaging directly with drivers with a view to issuing Fixed Penalty Notices or Penalty Charge Notices if appropriate
- Letter drops to businesses regarding delivery drivers
- Distributing information leaflets
- Installing street signs and place signs on lamp posts if appropriate
- Writing directly to coach and taxi companies
- Incorporating no engine idling into the City Corporation Construction and Street Works Code of Practice and enforce around construction sites
- Holding no engine idling action days where staff and volunteers speak to drivers with view to changing behaviour. This model has been rolled out to 25 additional London Boroughs with the support of the Mayor of London.



- Working with businesses, including Cheapside Business Alliance and Bart's Health NHS Trust to support targeted action for no engine idling

Parking Charges

In August 2018, the City Corporation introduced on street parking charges based on vehicle emissions. Older, more polluting vehicles pay a higher charge to park on street in the City of London.

The charge for vehicles which are Zero Emission Capable is £4 per hour. Petrol vehicles that meet Euro 4 emission criteria and diesel vehicles that meet Euro 6/VI are charged £5.20 per hour. Older vehicles are charged £6.80 per hour. The charging framework supports the Mayor of London ULEZ scheme.



Reducing Emissions from Road Transport

We will:

Urge Transport for London to prioritise Zero Emission Capable buses on routes through the City of London

Support the Mayor of London with the effective implementation of the Ultra-Low Emission Zone

Work with the taxi industry to reduce empty running of taxis within the Square Mile

Ensure that Healthy Street Plans have air quality improvement targets and that the air quality impact of major transport and public realm schemes are measured

Introduce a Zero Emission Zone around the Barbican and Golden Lane Estates and City Cluster by 2022

Implement a wide range of action through the City Corporation Transport Strategy to reduce the exposure of pedestrians to transport generated air pollution in the Square Mile

Pilot an ultra-low emission vehicle street

Assess the suitability of rolling out LEN pilot projects at other locations across the Square Mile

Implement a wide range of action, through the City Local Plan and City Corporation Transport Strategy and Freight and Servicing SPD to reduce emissions from freight vehicles in the Square Mile

Implement a range of action through the City Corporation Transport Strategy and City Local Plan to support and encourage cycling

Install additional publicly accessible electric vehicle (EV) rapid charge points by 2025

Through the City Local Plan require the installation of rapid charge points in new developments

Ensure that improving air quality and reducing exposure is an integral part of all major transport and public realm schemes

Continue to take a wide range of action to discourage unnecessary vehicle engine idling in the Square Mile.

Ensure City Corporation parking charges favour low and zero emission vehicles in the City of London

6. Reducing Emissions from Non-Transport Sources

Commitment: The City Corporation will take a range of action to significantly reduce emissions associated with non-transport sources in the Square Mile

Non-transport sources make a significant contribution to air pollution in the City of London. In the past, action has focussed on emissions of pollution from traffic. However, as emissions from vehicles reduce over time, non-road combustion sources are becoming more significant. Combustion plant covers a range of appliances used for heat and energy generation. It includes boilers, Combined Heat and Power Plant (CHP), generators and Non-Road Mobile Machinery (NRMM) used for construction, road repairs, film and street events.

Planning Policy

The Square Mile is in a constant state of redevelopment therefore spatial planning is important for improving air quality in the long term. The City Corporation has been using planning policy for a number of years to reduce the impact of new developments on local air quality.

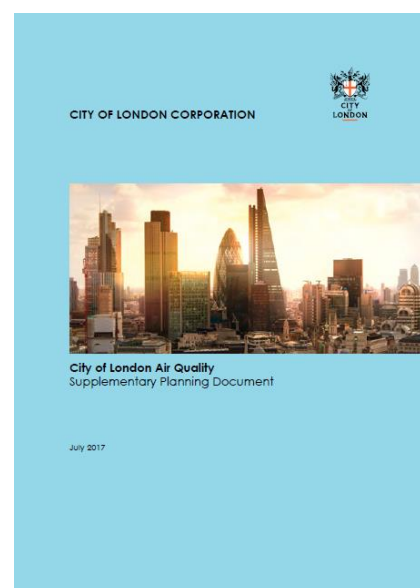
The City Corporation is developing a new Local Plan. It is called the City Plan 2036 and it sets out the organisation's vision, strategy and objectives for planning, together with policies that will guide future decisions on planning applications. Once adopted, the Plan will replace the current City Corporation Local Plan adopted in January 2015.

The draft City Plan supports the City Corporation's drive to improve local air quality. The draft policies and proposals relating to air quality are detailed in Appendix 7.

The City Corporation published its first Air Quality Supplementary Planning Document (SPD) in July 2017. It provides guidance on the interpretation of policies in the City Local Plan. The SPD is available on the City Corporation web site. It details how development activity can reduce its impact on air quality through:

- Building design
- Heating and energy supply
- Reducing dust and air quality impacts during construction

The Air Quality SPD encourages the use of non-combustion technology and recommends emission limits for combustion plant.



Air Quality Assessments and Air Quality Neutral Assessments are used to assess the impact of new development on local air pollution. Air Quality Assessments are required for all major developments, unless it can be demonstrated that emissions from the new development and associated transport will be less than the previous use.

The emerging London Plan⁵ introduces the concept of Air Quality Positive Assessments for the development of large-scale redevelopment areas and those subject to an Environmental Impact Assessment. The draft London Plan also updates the energy hierarchy with Heat Network Priority Areas. This includes the City of London, see Appendix 6 for further information.

Construction and Demolition

At any given time, there are many active demolition, construction and refurbishment sites in the Square Mile. There are also a large number of street works. Refurbishment and new developments are essential for the City of London to maintain itself as a world class business and financial centre. The City Corporation has a Code of Practice for construction and demolition⁶, detailing environmental standards that it expects the industry to work to. The Code is enforced through development management.



Minimising emissions to air is integral to the City Corporation Code of Practice. The guidance, which is available on the City Corporation web site, reflects the best practice guidance issued by the Mayor of London: The Control of Dust and Emissions from Demolition and Construction⁷. The City of London Code of Practice is updated regularly to reflect best practice in the industry and is now in its 9th edition. There are regular checks on all large construction sites to ensure that they adhere to the code.

Non-Road Mobile Machinery (NRMM)

Engines used in NRMM over a certain size are subject to emission controls called Euro Standards. Like with road vehicles, emissions of pollutants from NRMM reduces over time with each Euro Standard. The Mayor of London has introduced a NRMM Low Emission Zone which sets a standard for NRMM used on building sites in the City of London. The standards are Stage IIIA for generators and Stage IIIB for

⁵ Draft New London Plan showing Minor Suggested Changes, 13th August 2018, Mayor of London

⁶ The City of London Code of Practice Deconstruction and Construction Sites Ninth Edition, January 2019

⁷ Mayor of London: The Control of Dust and Emissions from Demolition and Construction, Supplementary Planning Guidance, July 2014

mobile plant (excavators, dumper trucks, hoists etc). The plan is to tighten the standard to Stage IV in 2020.

Diesel-powered equipment used on demolition and construction sites in the City of London is inspected for compliance with the required emission standard. Through its local Code of Construction practice, the City Corporation encourages Stage IV or zero emission equipment, where available. The City Corporation is working towards a requirement for Stage V emissions limit for NRMM by 2025.



Table 6.1: Emission Standards for Non-road Diesel Engines

Net Power kW	NOx g/kWh	PM g/kWh
Stage IIIB		
37–55 kW (50–74 hp) ¹	-	0.025
56–74 kW (75–99 hp)	3.3	0.025
75–129 kW (100–173 hp)	3.3	0.025
130–560 kW (174–750 hp)	2	0.025
Stage IV		
75–129 kW (100–173 hp)	0.4	0.025
130–560 kW (174–750 hp)	0.4	0.025
Stage V		
8–19 kW ²	-	0.4
19–37 kW ¹	-	0.4
37–74 kW (50–99 hp) ¹	-	0.015
75–129 kW (100–173 hp)	0.4	0.015
130–560 kW (174–750 hp)	0.4	0.015

¹ Emissions limits are 4.7 g/kWh for HC+NOx

² Emissions limits are 7.5 g/kWh for HC+NOx

NRMM is also used in road works, to support filming and to provide power for equipment and catering etc. The City Corporation commissioned an assessment of the contribution of NRMM to total emissions of air pollutants in the Square Mile. Estimates are provided in Table 6.2. Due to the volume of street works in the City of London at any given time, this has the potential to be a significant source of emissions. Air quality monitoring in the City of London has shown that street works can have a significant local impact, however, given its transient nature the overall contribution to local levels of air pollution is unknown.

Summary of Emissions (2017) Sector	NOx (kg)	PM (kg)
NRMM (Construction)	38,594	924
NRMM (Events)	528	28
NRMM (Road Works)	Unknown	Unknown
CHP/boilers	87,700	-

Table 6.2

Heat and Energy Plant

Combustion plant including Combined Heat and Power (CHP) plant and generators are a significant source of emissions in the Square Mile. This is an area which traditionally has been poorly controlled. Recent studies^{8,9} commissioned by the Greater London Authority show that CHP has the potential to lead to very high localised levels of nitrogen dioxide. CHP plant in new developments has previously been encouraged through the London Plan. The emerging London Plan is moving the emphasis away from CHP plant unless it supports the delivery of an area wide heat network.

Diesel generators installed in buildings as emergency back-up power sources can be used to meet peak electricity demand and for demand side response. Research commissioned by the City Corporation revealed that this has a potential for significant local air quality impact.¹⁰ The extent to which this is undertaken in the City of London is unclear.

Chimneys

The Clean Air Act 1993 stipulates that a gas boiler of 366.4 kilowatts or more is required to have a chimney height approval from the local authority. The City Corporation approves chimney heights to ensure that fumes from chimneys are not prejudicial to health or a nuisance. The approvals are designed to maximise the dispersion of pollutants. Subject to other constraints, chimneys should terminate a minimum of 2m above the height of the nearest building. Appliances less than 1MW are required to achieve a discharge velocity of 10 m/sec to aid dispersion. Appliances that are 1MW or greater in size, are required to achieve a discharge velocity of 15 m/sec.

Prescribed Processes

The Environmental Permitting Regulations (EPR) deal with emissions of pollutants from industrial processes. The processes are categorised under the regulations as Part A1, Part A2 or Part B processes. Part A1 processes are regulated by the Environment Agency. The City Corporation regulates Part A2 and Part B processes. Three dry cleaners in the Square Mile are currently regulated under this regime.

⁸ Urban air pollution from combined heat and power plants - A measurement-based investigation, Kings College London, April 2018

⁹ Pilot study on the air quality impacts from Combined Heat and Power in London, Report for Greater London Authority, Ricardo Energy and Environment 17/09/2018

¹⁰ Ricardo Energy & Environment (2016) London STOR and Triad Management Study, ED62693

Smoke Control Area

The whole of the Square Mile is a smoke control area which means it is an offence to emit smoke from any premises in the City of London. This has been in place since the City of London (Various Powers) Act 1954 was enacted. In a smoke control area, only fuels that are on the list of authorised fuels or 'smokeless' fuels, can be burnt unless an exempt appliance is used. In the latter case the fuel used must be the one specified for that exempt appliance. Authorised fuels, smokeless fuels and exempt appliances are listed on the Defra Website. There has been a great deal of concern recently over emissions of particulate pollution from domestic wood burning stoves. This is not a major issue for the City of London.

Reducing Emissions from Non-Transport Sources

We will:

Continue to assess all planning applications for air quality impact

Encourage the use of non-combustion technology during construction and in the operation of new developments

Apply stringent emission standards for combustion plant where non-combustion plant is not feasible in new developments

Ensure that where possible chimney stacks terminate above the height of the nearest building

Require all new developments to be air quality neutral as a minimum and developments subject to an Environmental Impact Assessment to be Air Quality Positive in line with the requirements of the emerging London Plan

Update the City Corporation Supplementary Planning Document for Air Quality to reflect new policies and requirements of the City Local Plan and London Plan

Ensure emissions from construction sites are minimised through close management and control

Regularly update the City Corporation best practice guidance on minimising emissions from construction and demolition in order to reflect best practice.

Enforce the Mayor of London NRMM requirements on construction sites as a minimum

Introduce a Stage V emission limit for NRMM on construction sites by 2025 where available

Investigate options for reducing emissions from NRMM used in street works, filming and other events

Examine options for reducing emissions from existing combustion plant in the Square Mile

Improve the understanding of the use of emergency generators in City of London buildings being used for Demand Side Response and Short-Term Operating Reserve

Continue to ensure that emissions from chimneys are dispersed as far as possible using the provisions of the Clean Air Act 1993

Ensure the City Corporation's prescribed processes comply with emission control requirements

Promote and enforce smoke control provisions detailed in the City of London Various Powers Act 1954 and 1973 and the Clean Air Act 1993

7. Public Health and Raising Awareness

Commitment: The City Corporation will continue to raise awareness about air pollution and provide information on how to reduce exposure to pollution

Although air quality is improving in the City of London it remains at a level that has a detrimental impact on health. The City Corporation therefore takes a wide range of action to increase public understanding about air pollution, its causes, effects, and how concentrations vary both spatially and from day to day. Armed with the right information, people can take steps to avoid high levels of air pollution to reduce the impact on their health.

The City of London Joint Health and Wellbeing Strategy (JHWS) has identified improving air quality as a key priority to improve the health and wellbeing of residents and workers.

A Public Health Outcomes Framework (PHOF) has been introduced and consists of a set of indicators compiled by Public Health England. One of these indicators is Air Pollution and this is measured against levels of particles (PM_{2.5}). This size of particle can penetrate deep into the lungs. Nitrogen dioxide is not an indicator in the PHOF, but it does have impacts on health independently of PM_{2.5}. The City of London Health profile for 2017 shows that the City of London has the highest proportion of mortality attributable to particulate air pollution at 7.1%. This is higher than both London as a whole (6.5%) and England (5.1%).¹¹

The City Corporation commissioned a report bringing together the latest papers on the health impacts of air pollution. This report confirms that of all the pollutants, particulate matter has the greatest impact on health. However, particulate matter, nitrogen dioxide and ozone have all been found to be 'certain' causes of death and disease, rather than 'probable' causes as previously understood. The report is available at www.cityoflondon.gov.uk/air. Since this report was produced further studies have been published. More information on the health effects of air pollution is detailed in Appendix 4.

The Department for Community and Children's Services have effective networks for disseminating information about public health. Key channels include: The Business Healthy network; the Libraries Service and other communications channels with residents; the City & Hackney Clinical Commissioning Group; the Neaman Practice (GP) and Healthwatch City of London.

Providing Information

The City Corporation uses a range of methods to inform businesses, workers and residents about air pollution. This includes social media, the City Corporation

¹¹ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000043/pat/6/par/E12000007/ati/102/are/E09000002/iid/30101/age/230/sex/4>

website and providing information at events. An e-newsletter is produced every 2 months.

The City Corporation has an active Twitter account @_CityAir. This helps to raise awareness about air pollution and support campaigns such as anti-vehicle idling and National Clean Air Day.

Overall levels of air pollution in the Square Mile vary from day to day according to weather conditions. Levels of air pollution on each day are either 'low', 'medium', 'high' or 'very high' which reflects banding devised by the government.¹² High levels of air pollution occur in the City of London on a small number of days in any year. Very high levels of air pollution are rare.



The City Corporation's free Smart Phone App 'CityAir' provides advice to users when pollution levels are high or very high. People can sign up as a different user and receive tailored messages to help them avoid high levels of air pollution. The App includes a map of current pollution levels and has a function to guide users along low pollution routes. There have been over 27,000 downloads to date.

The Mayor of London provides information about moderate, high and very high levels of pollution. Alerts are displayed at many public locations across London including 2,500 bus stops, all Tube stations, river piers, and on digital signs along major roads. Information is also sent to schools, hospitals and care homes across London. Alerts and guidance are available via social media, an app and a text alert service providing information and guidance on the alert level. The Mayor has recently appointed a duty forecaster to co-ordinate alerting services.

Working with Residents

In 2013/14 a citizen science project was undertaken where residents in the Barbican and Mansell Street Estates measured air pollution outside their properties over the course of a year. Residents also measured particle pollution as they moved around the City of London streets. This monitoring enabled participants to see how air pollution varies on different routes they take enabling them to take a low pollution route and reduce the amount of pollution they breathe in on a day to day basis. Following the monitoring, residents from the Barbican Estate engaged with local businesses to get their support for action to improve air quality locally.

¹² Defra Update on Implementation of the Daily Air Quality Index Information for Data Providers and Publishers April 2013, Emily Connolly, Gary Fuller, Timothy Baker and Paul Willis

Various engagement events have been held with residents through the Low Emission Neighbourhood programme such as the launch of Electric Vehicle Charging Points at the Barbican Estate.



Other work with residents includes improving local cycle parking facilities, installing green infrastructure, providing information at residents' meetings and supporting the work of Friends of City Gardens, a community group based in the City of London whose aim is to enhance biodiversity; improve access to green spaces and create new gardens in the Square Mile.

National Clean Air Day

National Clean Air Day is held in the June of each year. A range of activities are carried out across the UK to raise awareness of air pollution and inspire behaviour change. National Clean Air Day is supported by the City of London Corporation.



Working with Schools

The City Corporation has worked with Sir John Cass's Foundation Primary School since 2003 to both improve local air quality and work with the school children to raise awareness.

Extensive greening has taken place at the school with green screens on all perimeters, green roofs and movable green screens in the playground. A wide range of activities have taken place with the children such as a garden club, air quality assemblies and air quality focussed lessons and competitions. In 2018 the City Corporation was awarded a National



Air Quality Award for Best Local Authority Initiative for long term collaborative action at the school.



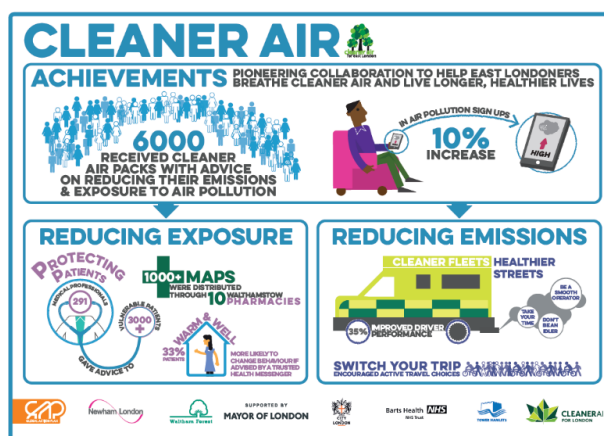
Air quality awareness events have been undertaken with the City of London Girls School in association with the Friends of City Gardens Moor Lane garden project.

The City Corporation is working with St Pauls Cathedral Choir School. This includes supporting extensive air quality monitoring at the school and the provision of information to staff and parents.

Barts Health NHS Trust

Barts Health NHS Trust runs St Bartholomew's Hospital in the City of London. It is London's oldest hospital and is a regional and national centre of excellence for cardiac and cancer care.

The City Corporation worked with Barts Health NHS Trust on a three-year programme from 2013 to 2016. Seven projects were piloted to tackle air pollution and reduce exposure to pollution for Barts Health patients, staff and visitors.



The overall aim of the programme was to: increase the understanding of how to approach air quality as an issue; engage the hospital's health professionals supply chain and wider community and to engage those most at risk of the negative effects of air pollution. The programme was cited as an important example of best practice and cross-sector collaboration in an Air Quality report 'Every Breath We Take' by the Royal College of Physicians and Royal College of Paediatrics and Child Health. The City Corporation has also worked with the Barts Health Trust on idling engine awareness programmes for their drivers.

Working with businesses

Around 510,000 people work in the City of London. Through the CityAir business engagement programme, the City Corporation has been raising awareness of air pollution with workers. This includes supporting events, providing information for internal dissemination and promoting the use of the CityAir smartphone App.



Public Health and Raising Awareness

We will:

Make greater use of Public Health Networks to disseminate information about air quality

Assess options to improve and further develop the free CityAir Smart Phone App

Disseminate information about air quality through various channels such as social media, the City Corporation web site and an e-newsletter

Develop an action plan, in support of the Mayor of London's air pollution forecasting service, to reduce exposure on days of high and very high levels of air pollution

Increase awareness of air pollution amongst the City of London's residential community

Run events in support of National Clean Air Day

Develop focussed plans for improving air quality and reducing the exposure to pollution of children who attend schools in the City of London

Continue to support Barts Health NHS to reduce its own impact on local air pollution and assist vulnerable patients in reducing their exposure to pollution

Continue to engage with businesses to raise awareness of air pollution amongst workers

Appendix 1: Further details on the delivery of actions

Table Key:

Dept. = Department responsible

M&CP = Markets and Consumer Protection

DBE = Department of Built Environment

CHB = Chamberlain's

CCS = Community and Children's Services

CS = City Surveyor's

REM = Remembrancer's

OS = Open Spaces

TC = Town Clerk's

Approximate cost to the organisation per annum:

✓ = <£5,000, ✓✓ = £5,000 - £40,000, ✓✓✓ = >£40,000

Action			Detail	Timeline	Outcome	Dept.	Cost
Air Quality Monitoring	1	Ensure that adequate and appropriate monitoring is undertaken across the City of London to fulfil statutory obligations and make good quality data available to the public.	NO ₂ , PM ₁₀ and PM _{2.5} monitoring will continue using continuous analysers at 4 locations as a minimum. NO ₂ diffusion tube monitoring will take place at 50 locations as a minimum.	Review monitoring requirements at least annually.	To ensure that the City has an effective and appropriate monitoring network with robust data.	M&CP	✓✓
	2	Use air quality data to generate pollution alerts and messages using a range of media such as the free CityAir Smart Phone App.	Monitoring data will be used effectively to generate alerts for the smart phone app and tailored alerts for vulnerable people.	Present to 2024	Better informed public who can make decisions based on receiving pollution alerts	M&CP	✓
	3	Publish an annual report of air quality data on the City Corporation web site.	Annual reports will be produced for compliance with statutory obligations under LLAQM and for demonstrating how air pollution compares to health-based Limit Values and WHO Guidelines. The reports will also demonstrate how pollution has changed over time.	Annually	Check compliance with air quality Limit Values and WHO Guidelines. Check effectiveness of policies to improve air quality.	M&CP	✓
	4	Continue to make live data from continuous air quality monitors available to the public on the London Air Quality Network web site.	KCL will be commissioned to undertake independent checks of air quality data and make the data freely available to the public, consultants and academics as part of a London wide resource.	Ongoing	Local data will form part of a London-wide network of monitoring data and be available for measuring London wide trends and predicting episodes of high air pollution.	M&CP	✓✓
	5	Support the testing of new air quality sensors to establish their degree of accuracy.	Support the testing of one new sensor per year.	2019 - 2024	Reliable air quality data from emerging technology.	M&CP	✓
	6	Undertake an annual assessment of air quality to ensure levels of nitrogen dioxide in 90% of the Square Mile meet health-based Limit Values and WHO Guidelines by 2025	Source funding to undertake annual air quality forecasts to ensure Limit Values and WHO Guidelines will be met by 2025. If it looks like limits won't be met, develop additional action plan for approval.	2020 As required	Air quality in the City of London that meets health-based standards for nitrogen dioxide in at least 90% of the area.	M&CP	✓✓

Action		Detail	Timeline	Outcome	Dept.	Cost
7	Continue to place air quality as an important political priority and support the outcomes of the City Corporate Plan and local and London-wide action.	Host at least one London wide event per year for relevant air quality organisations.	Annually	Encourage collaboration and develop best practice solutions to improve air quality across London.	M&CP	✓✓
		Arrange meetings with relevant policy and research bodies.	Biannually			
	Provide information on reducing emissions from buildings for City Corporation facilities managers and investment property managers.	Develop on-line resource	2020	Increased awareness amongst facilities managers on how to support the City Corporation Air Quality Strategy.	M&CP CS	✓
		Deliver annual lunchtime workshops for at least 80% of Facilities Managers.	Annually			
	Reduce emissions of air pollutants from buildings owned by the City Corporation.	Undertake energy audits of City Corporation buildings.	2019 – 2022	Reduction in emissions from Corporate building stock.	CS	✓✓
		Reduce emissions of NOx from large buildings by at least 3% per year.	Annually			
10	Review the provision of electric vehicle charging across City Corporation sites including residential estates.	Assess the requirement for electric vehicle charge points.	2019	Support for electric and plug in hybrid vehicles.	M&CP DBE C&CS	✓✓
		Make recommendations for the installation and use of charge points to meet residents' requirements.	2019			
		Source funding for additional charging infrastructure.	2020 - 2022			
11	Ensure that, subject to operational requirements, 100% of vehicles owned or leased by the City Corporation are electric or hybrid by 2025.	Use the Responsible Procurement Strategy and Transport Coordination Group to ensure this target is met subject to suitable vehicle availability.	2024	Zero emission City Corporation fleet.	CHB	✓✓✓
12	Continue to trial low and zero emission technology.	Take all opportunities to trial and evaluate at least one new low and zero emission vehicle per annum.	Ongoing	Ensure that the City Corporation is using the latest zero emission technology.	DBE OS	✓

Action	Detail	Timeline	Outcome	Dept.	Cost
13	Continue to encourage zero emission vehicles through the supply chain.	Apply the menu of options in the Responsible Procurement Strategy to assist in reducing air pollution to major contracts. Review the menu of options biannually.	2019 – 2024 Biannually	Reduced impact on air pollution in London from City Corporation contracts	CHB ✓
14	Require electric or hybrid vehicles as a default for the Corporate taxi contract, together with annual emission reduction targets	When the Corporate taxi contract is renewed, stipulate a requirement for low and zero emission vehicles as default, with emission reduction targets applied.	2020/ 2021	Reduced impact on air pollution in London from City Corporation contracts. Leading by example.	CHB ✓
15	Require zero emission and electric or hybrid vehicles as a default for courier contracts, together with annual emission reduction targets	When the courier contracts are renewed, stipulate a requirement for zero and low emission vehicles as default, with emission reduction targets applied.	2020 - 2024	Reduced impact on air pollution in London from City Corporation contracts. Leading by example.	CHB ✓
16	Continue to ensure that all relevant Corporate strategies and policies reflect the importance of improving local air quality and reducing exposure.	All existing strategies will be assessed for actions to assist in improving air quality and reducing exposure. Further measures will be included in Corporate strategies when they are reviewed.	2020 2019 - 2024	Corporate wide action to improve air quality and reduce exposure. Staff across the organisation with an improved understanding of issues surrounding air quality and how they can support this Air Quality Strategy.	M&CP DBE CHB CS OS ✓
17	Work with London Councils and other stakeholders to develop proposals for legislation to help improve air quality across London.	Agree proposals for a Private Members Bill with London Councils. Coordinate proposals with the Greater London Authority and other bodies. Support the passage of the Bill through the House of Lords.	2019	Improved regulatory powers to improve local air quality.	M&CP REM ✓✓

Action		Detail	Timeline	Outcome	Dept.	Cost	
Page 118	21	Continue to support the Third Sector to deliver air quality improvement projects and raise awareness amongst London's communities.	Judge the Sustainable Transport Category of the Sustainable City Awards.	Annually	Facilitate collaboration and the dissemination of air quality knowledge and awareness.	M&CP	✓✓
			Support the work of Environmental Protection UK with events, meeting space and administrative support.	Ongoing			
	22	Support the Port of London Air Quality Strategy through air quality monitoring and in taking wider action to reduce emissions from vessels on the river Thames.	Monitor air pollution along the river.	2019 -2024	Greater understanding of pollution levels along the river.	M&CP	✓✓
			Source funding to support the PLA to pilot measures to reduce emissions from vessels using the river.		Understanding cost effective measures to reduce emissions from vessels on the river.		
	23	Continue to support the Cross-River Partnership in its delivery of air quality projects in central London.	Provide the co-chair for CRP and take part in joint projects.	2019 - 2024	Support collaborative cross borough work to improve air quality.	M&CP DBE	✓
	24	Continue to support the Environment Agency with action to improve air quality, including the implementation of the Medium Combustion Plant Directive.	Source funding to undertake a survey of combustion plant in the City of London.	2019 - 2024	Emissions from combustion plant are minimised.	M&CP	✓✓
		Support the implementation of the Medium Combustion Plant Directive through the provision of information where available and review of permits where required.					
	25	Continue to engage with and support the Business Community to become Air Quality Champions and reduce their impact on local air pollution.	One on one business engagement through the CityAir scheme.	2019-2024	Major businesses in the City of London reduce their impact on local air quality as a result of their business operations.	M&CP	✓✓
			Run at least one Air Quality Business event per year.	Annually			
			Engage with intermediary groups who work with small businesses to raise the profile of air quality.		Smaller businesses in the City of London will have increased awareness of air quality.		

Action		Detail	Timeline	Outcome	Dept.	Cost
		Work with the Cheapside Business Alliance (CBA) to raise the profile of air quality and obtain support for action to reduce emissions associated with the CBA member activities.				

Action			Detail	Timeline	Outcome	Dept.	Cost
Reducing Emissions from Transport	26	Support the Mayor of London with the effective implementation of the Ultra-Low Emission Zone.	Publicise the ULEZ amongst local businesses, City Corporation departments and markets. Ensure City Corporation fleet of vehicles meet the ULEZ criteria.	2019 - 2021 2019	Vehicles that comply with the requirements of the ULEZ delivering air quality improvements across central London.	M&CP	✓
	27	Work with the taxi industry to reduce empty running of taxis within the Square Mile.	Explore what practical action can be taken to reduce empty taxi running.	2019 - 2021	Reduced taxi emissions.	DBE	✓
	28	Urge Transport for London to prioritise Zero Emission Capable buses on routes through the City of London.	Work with TfL on their programme of upgrades to cleaner buses and review of routes.	2019 - 2024	Reduced emissions from the bus fleet in the City of London.	DBE	✓
	29	Ensure that Healthy Street Plans have air quality improvement targets and that the air quality impact of major transport and public realm schemes are measured.	Healthy Streets plans will have air quality KPIs. Road schemes will be assessed for local air quality impact when there are proposed changes.	2019 - 2024	Ensure that road schemes have a positive impact on local air quality.	DBE	✓
	30	Introduce Local Zero Emission Zones by 2022.	Introduce local ZEZs covering the Barbican and Golden Lane and Eastern Cluster.	2022	Reduce emissions from vehicles in the City.	DBE	✓✓✓
	31	Implement a wide range of action through the City Corporation Transport Strategy to reduce the exposure of pedestrians to transport generated air pollution in the Square Mile.	Increase in the number of pedestrianised, or pedestrian priority streets. Widen pavements. Reduce the amount of time people wait for a green signal to cross the road.	2020 onwards 2020 onwards 2020 onwards	Reduced exposure to air pollution for people who live in, work in and visit the Square Mile.	DBE	✓✓✓

Action			Detail	Timeline	Outcome	Dept.	Cost
Page 121			Improve specific walkways such as the riverside walkway and Barbican High-Walk.	2020 onwards			
			Improve awareness of traffic free walking routes.	Ongoing			
			Timed and temporary street closures.	Ongoing			
			Lunchtime Streets.	2019 onwards			
			Complete Legible London maps and directional signs.	2019 - 2020			
	32	Pilot an ultra-low emission vehicle street.	Pilot ULEV access restriction to inform the development of Zero Emission Zones as part of the City Transport Strategy.	2019 - 2020	Trial the concept of a ULEV street in the City of London to see if it's an effective way to encourage zero end low emission vehicles.	M&CP DBE	✓✓✓
	33	Assess the suitability of rolling out LEN pilot projects at other locations across the Square Mile.	Commission a legacy report to establish the most cost-effective interventions.	2019	Best practice applied across the City of London.	M&CP	✓✓
			Source funding to roll out cost effective interventions.	2020 - 2024			
	34	Implement a wide range of action, through the City Local Plan and the City Corporation Transport Strategy, and Freight and Servicing SPD to reduce emissions from freight vehicles in the Square Mile.	Introducing a freight consolidation service for the City.	2022	Reduce emissions from freight and servicing vehicles.	DBE	✓✓✓
			Delivering two last mile logistics hubs	2022			
			Producing a Servicing Action Plan	2020			
			Identifying opportunities to increase the use of the river for freight including exploring the use of Blackfriars and Tower Piers and a reinstated Swan Lane Pier.	2019 - 2020			

Action		Detail	Timeline	Outcome	Dept.	Cost
		Require all development in the City to consider the use of the river for the movement of construction material and waste	2019			
35	Implement a range of actions through the City Corporation Transport Strategy and City Local Plan to support and encourage cycling.	<p>Increase the amount of cycle parking following a City-wide cycle parking review and publish a Cycle Parking Delivery Plan.</p> <p>Ensure new developments provide secure cycle parking facilities including for non-standard cycles, cargo bikes, hand carts and visitor cycle bays.</p> <p>Promote cycling through improving awareness, support London-wide and national campaigns and explore the potential for an annual City Corporation cycling festival.</p> <p>Work with TFL and cycle providers to improved cycle hire provision.</p> <p>Apply a minimum cycling level of service to all streets initially by reducing motor traffic volumes to below 150 vehicles per hour or Protected cycle lanes that are a minimum of 1.5m wide per direction of travel along a core cycling network.</p>	<p>2022</p> <p>On going</p> <p>2019 onwards</p> <p>Ongoing</p> <p>2019 onwards</p>	Encourage modal shift away from motorised transport	DBE	✓✓✓
36	Install additional publicly accessible electric vehicle (EV) rapid charge points by 2025	Locations to be identified through engagement with the Transport for London Electric Vehicle Infrastructure Taskforce.	2019 - 2024	Support electric vehicle use in the City.	DBE	✓✓✓

Action		Detail	Timeline	Outcome	Dept.	Cost	
Page 123			Install a rapid charging hub for taxis in Baynard House car park	2019			
			Install a taxi only rapid charge point in Noble Street rest rank	2019			
	37	Through the City Local Plan require the installation of rapid charge points in new developments.	Apply the requirements of planning policy and the Freight and Servicing Supplementary Planning Document.	Ongoing	Support the uptake of zero emission freight vehicles.	DBE	✓
	38	Ensure that improving air quality and reducing exposure is an integral part of all major transport and public realm schemes.	Air pollution will be modelled and measured as part of all major transport and public realm schemes.	2019-2024	Improved air quality from traffic management schemes in the City of London.	DBE M&CP	✓✓✓
	39	Continue to take a wide range of action to discourage unnecessary vehicle engine idling in the Square Mile.	Run at least 3 Cleaner Air Action Days throughout the year.	3 times / year	Reduced emissions from unnecessary engine idling in the Square Mile.	M&CP DBE	✓✓
			Review options for enforcement.	2020	Coordinated action across London.		
			Jointly lead the Pan London Idling Action project.	2019-2022			
		Respond to complaints and erect signs in hot spot areas.	Ongoing	Raised awareness amongst drivers and support for no engine idling policy.			
40	Ensure City Corporation parking charges favour low and zero emission vehicles in the City of London.	Differential parking charges applied with the lowest level of charges being applied to zero and low emission vehicles such as electric, hydrogen and hybrid.	On going	Parking policies that favour low and zero emission vehicles.	DBE	✓	

Action		Detail	Timeline	Outcome	Dept.	Cost	
Reducing Emissions from Non-Transport	41	Continue to assess all planning applications for air quality impact.	Review all planning applications and make recommendations for conditions as required.	Ongoing	New developments that do not have a negative impact on local air quality.	M&CP	✓
			Require air quality assessments for major developments. This includes all fixed plant, boiler and emergency generators, and transportation sources including delivery and servicing.				
	42	Encourage the use of non-combustion technology during construction and in the operation of new developments.	Developers required to identify suitable non-combustion/zero emission technologies such as heat pumps. BREEAM maximum pollution credits for local air quality to be obtained from non-combustion systems where possible.	2019 - 2024	New developments that do not have a negative impact on local air quality. Reduced emissions from buildings.	M&CP DBE	✓
	43	Apply stringent emission standards for combustion plant where non-combustion plant is not feasible in new developments.	Where non-combustion technologies are not feasible and combustion plant is installed the NOx emissions from Combined Heat and Power (CHP) plant will be required to meet the following emission limits: 50mg/Nm3 (and 25mg/Nm3 for turbocharged CHP) at reference O ₂ . All gas boilers will be required to have a NOx rating of <40mgNOx/kWh at 0% O ₂ as a minimum. Options for tightening these limits by 2020 will be kept under review. The use of oil, biomass, biofuels and wood pellets will be discouraged.	2019 - 2024	New developments that do not have a negative impact on local air quality.	M&CP DBE	✓

Action		Detail	Timeline	Outcome	Dept.	Cost
44	Ensure that where possible chimney stacks terminate above the height of the nearest building.	Where combustion plant is installed good dispersion of emissions will be required by ensuring adequate dispersion. Chimneys should terminate a minimum of 2m above roof height where possible Stack discharge velocity should be at least 10 m/sec. Appliances 1MW or greater will be required to achieve a stack discharge velocity of 15 m/sec.	Ongoing	Emissions from chimney stacks have minimal impact on ground level concentrations.	M&CP DBE	✓
45	Require all new developments with to be air quality neutral as a minimum and developments subject to an Environmental Impact Assessment to be Air Quality Positive in line with the requirements of the emerging London Plan.	Evaluate all air quality neutral assessments. Mitigation may be considered but offsetting is not acceptable. Ensure air quality positive assessments are carried out for developments that require an Environmental Impact Assessment.	Ongoing	New developments that do not have a negative impact on local air quality.	M&CP DBE	✓
46	Update the City Corporation Supplementary Planning Document for Air Quality to reflect new policies and requirements of the City Local Plan and London Plan.	Update the Supplementary Planning Document for Air Quality to reflect the latest guidance.	2021	Reduced emissions from new development.	M&CP	✓
47	Ensure emissions from construction sites are minimised through close management and control.	Regularly inspect sites and respond to complaints. Investigate options for powering tower cranes by mains electricity rather than a diesel generator. Encourage the use of electric excavators and diggers.	Ongoing 2020 From 2020	Reduced emissions from construction activities and plant.	M&CP	✓✓

Action		Detail	Timeline	Outcome	Dept.	Cost
48	Regularly update the City Corporation best practice guidance on minimising emissions from construction and demolition in order to reflect best practice.	<p>Work with demolition and construction companies to update the best practice guide.</p> <p>Look for further opportunities to reduce emissions with key companies.</p>	Every 2 years	Reduced emissions associated with construction and demolition operations.	M&CP	✓
49	Enforce the Mayor of London NRMM requirements on construction sites as a minimum.	<p>Carry out an inspection programme.</p> <p>Continue with membership of the London Low Emission Construction Partnership (LLECP)</p>	2019 - 2022	Reduced emissions associated with construction and demolition operations.	M&CP	✓
50	Introduce a Stage V emission limit for NRMM on construction sites by 2025 where available.	Incorporate this requirement in the City Corporation Code of Practice.	2024	Reduced emissions associated with construction and demolition operations.	M&CP	✓
51	Investigate options for reducing emissions from NRMM used in street works, filming and other events.	Source funding to undertake a trail of charging facility for street/film events.	2020 - 2022	Reduced emissions associated with street works, filming and other events	M&CP TC	✓
52	Examine options for reducing emissions from existing combustion plant in the Square Mile.	<p>Source funding for trials.</p> <p>Work with the construction industry and equipment suppliers to support and pilot low and zero emission equipment.</p> <p>Work with business to support trials to reduce emissions from combustion plant in buildings.</p>	2020 - 2024	Reduced emissions from existing combustion plant.	M&CP	✓✓

Action		Detail	Timeline	Outcome	Dept.	Cost
Page 127	53	Improve the understanding of the use of emergency generators in City of London buildings being used for Demand Side Response and Short-Term Operating Reserve.	Source funding to investigate the use of emergency generators in buildings. Work with building owners to investigate alternative means of providing emergency back-up power. Support the Mayor of London to seek reductions in emissions from large scale generators producing power for commercial buildings.	2020 - 2024	Reduced emissions from generators.	M&CP ✓✓
	54	Continue to ensure that emissions from chimneys are dispersed as far as possible using the provisions of the Clean Air Act 1993.	Issue authorisations for Chimney Heights for new appliances.	Ongoing	Ensure reduced impact of emissions on ground level concentrations.	M&CP ✓
	55	Ensure compliance with emission control requirements for the City Corporation's prescribed processes.	Carry out regular risk-based inspections of prescribed processes in the Square Mile.	2019 - 2024	Regulated operations that comply with the requirements of the legislation.	M&CP ✓
	56	Promote and enforce smoke control provisions detailed in the City of London Various Powers Act 1954 and 1973 and the Clean Air Act 1993.	Continue to enforce the smoke control provisions and raise awareness in the City of London.	2019 - 2024	A reduction in the amount of smoke emitted in the Square Mile.	M&CP ✓

87 Raising Awareness						
Action	Detail	Timeline	Outcome	Dept.	Cost	
57	<p>Make greater use of Public Health Networks to disseminate information about air quality.</p> <p>Use Public Health Networks to disseminate information and improve awareness of air pollution and its impact on health</p> <p>Promote exposure reduction techniques and greater uptake of exposure reduction apps, such as CityAir phone app especially amongst vulnerable people and groups.</p>	2019 - 2024	Better informed individuals able to take steps to reduce exposure to poor air quality leading to improved public health.	CCS M&CP	✓	
58	<p>Assess options to improve and further develop the free CityAir Smart Phone App.</p> <p>Source funding for improvements to the CityAir Smart Phone App.</p> <p>Work with Kings College London to upgrade the App.</p>	2020	Improved information to enable individuals able to reduce exposure to poor air quality.	M&CP	✓✓	
59	<p>Disseminate information about air quality through various channels such as social media, the City Corporation web site and an e-newsletter.</p> <p>Use and continue to develop a range of communication methods to reach businesses, workers and residents, including social media, digital and website media, newsletters and events. Specifically:</p> <ul style="list-style-type: none">• Daily tweets• Bi monthly e newsletter• At least 2 x hard copy articles per year• Update the City Corporation web pages at least every fortnight• Attend at least 4 events per year to promote air quality	2019 - 2024	Better informed individuals able to take steps to reduce exposure to poor air quality.	M&CP	✓	
60	<p>Develop an action plan, in support of the Mayor of London's air pollution forecasting service, to reduce exposure on days of high and very high levels of air pollution.</p> <p>An action plan focussed on raising awareness on days of high and very high air pollution.</p>	2020	Greater awareness amongst residents, workers and visitors to the City of London leading to a reduction in personal exposure to air pollution.	M&CP	✓	

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Action	Detail	Timeline	Outcome	Dept.	Cost	
61	Increase awareness of air pollution amongst the City of London residential community. Attend events with an information stall. Provide information for newsletters Attend residents' meetings Support residents who wish to measure air pollution where they live.	2019 - 2024	Better informed residents able to take steps to reduce exposure to poor air quality.	M&CP	✓	
62	Run events in support of National Clean Air Day.	Run up to 3 events each year on and around National Clean Air Day.	Annually	Better informed individuals able to take steps to reduce exposure to poor air quality.	M&CP	✓
63	Develop plans for improving air quality and reducing the exposure to pollution of children who attend schools in the City of London	An action plan for all City of London schools	2020 - 2021	Reduced impact of air pollution on the health of children in the Square Mile.	M&CP DBE	✓
64	Continue to support Barts Health NHS to reduce its own impact on local air pollution and assist vulnerable patients in reducing their exposure to pollution.	Support hospital events. Liaise with staff to reduce emissions and improve the understanding of air quality.	2019 - 2024	Improved local air quality around the hospital and greater awareness amongst visitors and staff.	M&CP	✓
65	Continue to work with businesses to raise awareness of air pollution amongst workers.	Engage with business through CityAir business engagement programme. Working with Heart of the City and Business Healthy on business engagement.	2019 - 2024	Raised awareness of air pollution amongst workers in the City of London	M&CP	✓✓

Appendix 2: Legal Position

The European Union sets health-based Limit Values for a number of pollutants that are harmful to health and the environment. These Limit Values are legally binding. There are also target values which Member States must take all necessary steps to achieve, not entailing disproportionate costs. The World Health Organisation also sets health-based Guidelines¹³. These are not legally binding. The relevant standards for nitrogen dioxide (NO₂) Particles (PM₁₀ and PM_{2.5}) are shown in table 1.

The European Commission can act against any Member State if the air quality does not meet the European Union Limit Values throughout its territory by a specified date. The UK government is responsible for meeting the EU Limit Values across the UK, with the Mayor of London being responsible for meeting them in London. The City Corporation has a statutory obligation to support this through local action. This obligation is detailed in the Environment Act 1995.

Table A2.1 Summary of EU/UK air quality limits and WHO Guideline values

Pollutant	(UK) Objective /EU Limit Value	Averaging Period	WHO Guideline Values
Nitrogen dioxide - NO ₂	200 µg/m ³ not to be exceeded more than 18 times a year	1-hour mean	200 µg/m ³
	40 µg/m ³	Annual mean	40 µg/m ³
Particles - PM ₁₀	50 µg/m ³ not to be exceeded more than 35 times a year	24-hour mean	50 µg/m ³
	40 µg/m ³	Annual mean	20 µg/m ³
Particles - PM _{2.5}	25 µg/m ³	Annual mean	10 µg/m ³
	Target of 15% reduction in concentration at urban background locations	3-year mean	
		24-hour mean	25 µg/m ³

The Limit Values for nitrogen dioxide are exceeded in large cities across the UK. As a result, in February 2014, the European Commission launched legal proceedings against the UK for its failure to meet the Limit Values. In 2018 further action by the EU followed for failing to respect agreed air quality Limit Values, not taking appropriate measures to keep exceedance periods as short as possible, and for

¹³ Air Quality Guidelines Global Update 2005. Particulate matter, ozone, nitrogen dioxide and sulfur dioxide

disregarding EU vehicle type approval rules¹⁴. The government has produced a number of plans to deal with nitrogen dioxide within this period. The latest Air quality plan was published in 2017¹⁵ and a supplement in October 2018¹⁶. A Clean Air Strategy was also published in January 2019.

The annual average Limit Value for PM₁₀ has been set at 40 µg/m³. This is largely met everywhere across the United Kingdom. However, small particles have health impacts even at very low concentrations. A threshold has not been identified below which no damage to health is observed. Consequently, the World Health Organisation has set a Guideline level for annual average PM₁₀ of 20 µg/m³. The European Union has set the annual average Limit Value for PM_{2.5} (very fine particles) at 25 µg/m³, with the World Health Organisation setting a Guideline level of 10 µg/m³.

The United Kingdom has voted to leave the EU and there are concerns about what will happen to air quality standards and enforcement following Brexit. A House of Commons briefing paper has been produced on Brexit and air quality¹⁷ to consider these issues. The Government has stated it has no plans to change Limit Values and targets for air quality following Brexit and that in relation to air quality, the Government has said that the 'European Union (Withdrawal) Bill [now Act] is designed to ensure that, as far as possible, the same rules and laws will apply on the day after we leave as on the day before'.

Academics, legal professionals and environment campaign groups are concerned that standards could be changed. In response the Government has published an Environmental Principles and Governance Bill proposing the creation of a new statutory independent environmental watchdog.

¹⁴ Air Quality: Commission takes action to protect citizens from air pollution, European Commission Press Release, Brussels, 17 May 2018

¹⁵ UK plan for tackling nitrogen dioxide concentrations Detailed Plan, July 2017, Defra and DfT

¹⁶ Supplement to the UK plan for tackling roadside nitrogen dioxide concentrations, May 2018, Defra and DfT

¹⁷ Brexit and air quality Commons Library Briefing, Number CBP8195 10 October 2018

Appendix: 3 Sources of Air Pollution

Small particles PM₁₀

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

Small particles are defined by their size. They are any particles that are under 10 micrometers in diameter which are represented as PM₁₀. Fine particles are 2.5 micrometers or less in diameter and they are generally formed by combustion. They are represented as PM_{2.5} and are the main cause of the harmful effects of particulate matter. Small and fine particles are not visible to the naked eye.

Where do fine particles come from?

Concentrations of PM₁₀ consist of primary particles that are emitted directly into the atmosphere from sources such as fuel combustion, and secondary particles which are formed by chemical reactions in the air. Particle matter can be human-made or occur naturally. Natural particles found in the City of London include sea salt and dust from as far away as the Sahara Desert.

In the UK, the biggest man-made source of PM₁₀ is fuel combustion. Road transport gives rise to primary particles from engine emissions and tyre and brake wear. The Greater London Authority holds a database of all emissions across London. It is called the London Atmospheric Emissions Inventory (LAEI). The 2013 LAEI, released in August 2016, estimates emissions of NO_x, PM₁₀, PM_{2.5} including a range of years and projects emissions from 2008 and 2030¹⁸. The LAEI indicates that approximately 37 % of PM₁₀ generated by road vehicles in the City of London is caused by the general wear of tyres and brakes. Secondary PM₁₀ is created from emissions of ammonia, sulphur dioxide and oxides of nitrogen, as well as from emissions of organic compounds from fuel combustion.

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

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

¹⁸ London Atmospheric Emissions Inventory (LAEI) 2013 Mayor of London

- Sea salt
- Desert dust

Primary particles emitted in the City of London

Figure 1A shows the estimated contributions for each source for selected years between 2008 to 2030. The LAEI indicates that the main source of primary PM₁₀ emitted locally is road transport. This equated to 55% (17.2 tonnes/year) of all emissions in 2013 and 48% (12.4 tonnes/year) of emissions in 2020. There is a large reduction expected in the proportion of emissions arising from road transport between these years.

When comparing vehicle types, taxis are the biggest emitters of PM₁₀ in the City of London.

Figure 1A

London Atmospheric Emissions Inventory

PM₁₀ Emissions - City of London

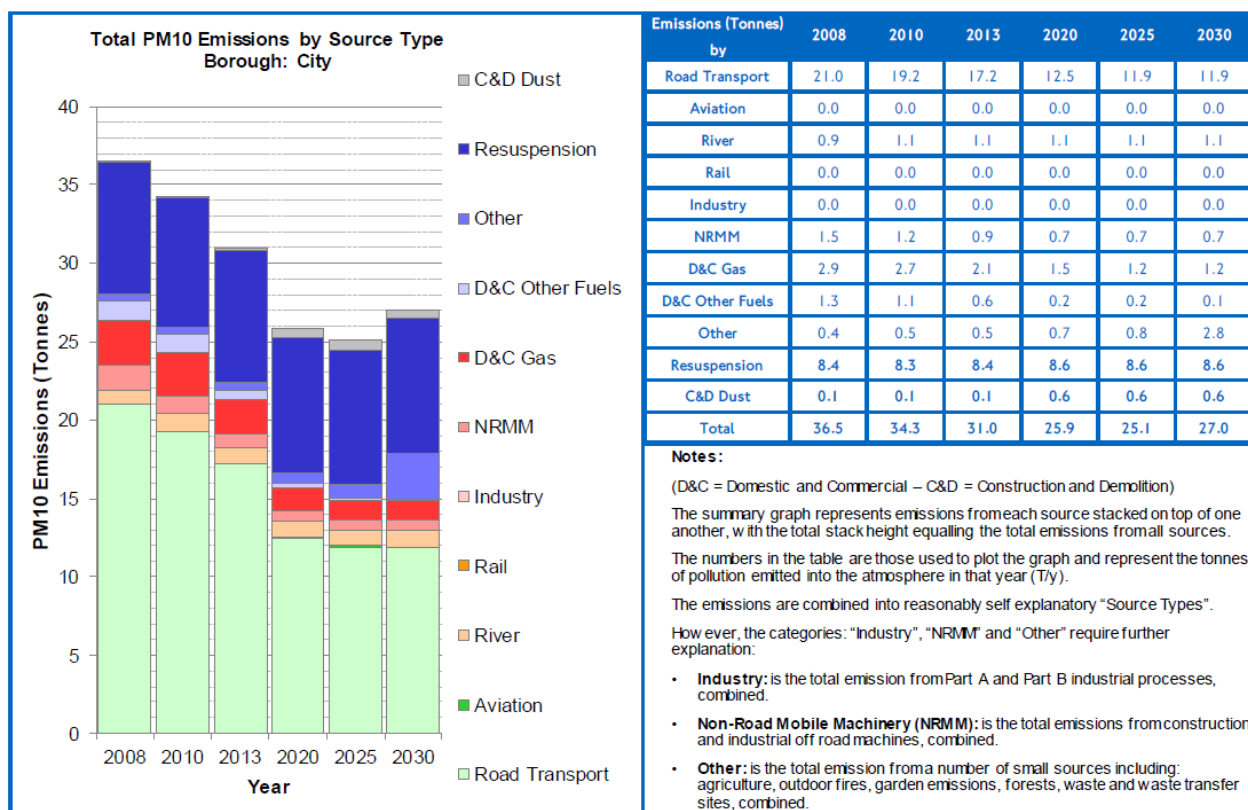
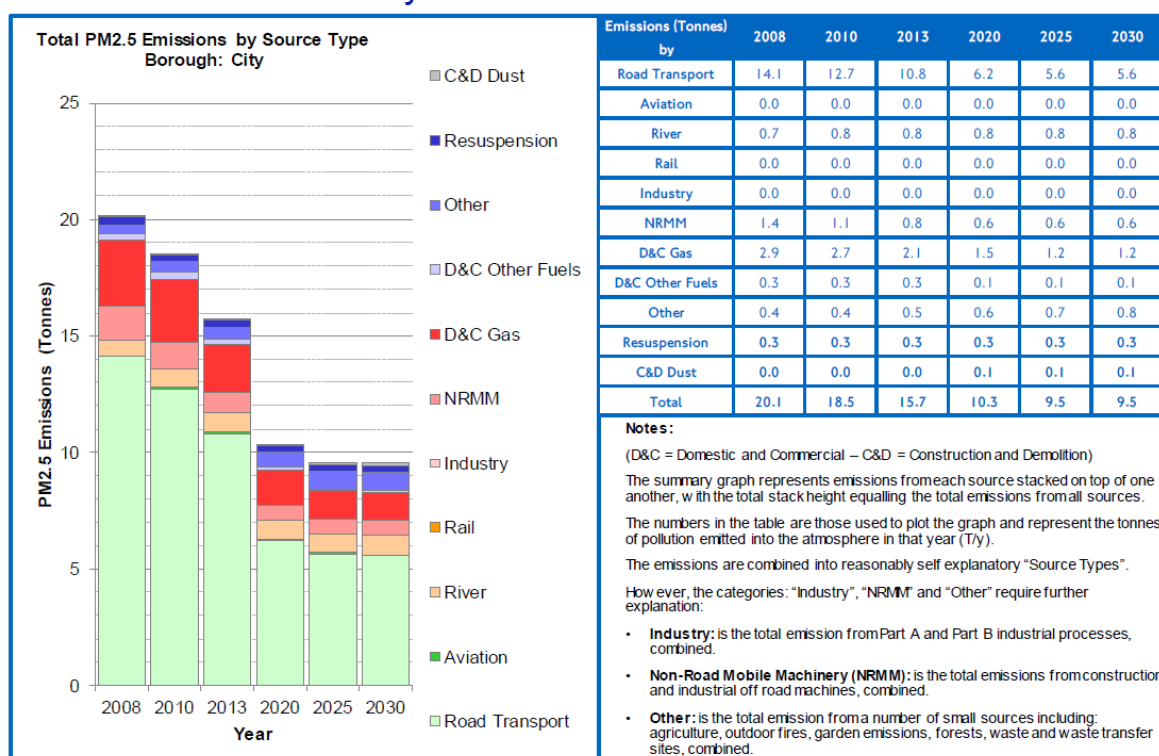


Figure 2A shows the estimated contributions of PM_{2.5}. Road transport makes up the largest single source and again there is a step change expected between 2013 and 2020. However, road transport still remains the biggest source of local emissions.

Figure 2A

London Atmospheric Emissions Inventory

PM2.5 Emissions - City of London



Nitrogen dioxide

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

Where does nitrogen dioxide come from?

When nitrogen is released during fuel combustion it combines with oxygen atoms to create nitric oxide (NO). This further combines with oxygen to create nitrogen dioxide (NO₂). Nitric oxide is not considered to be hazardous to health at typical ambient concentrations, but nitrogen dioxide can be. Nitrogen dioxide and nitric oxide are referred to together as oxides of nitrogen (NO_x).

NO_x emitted in the City of London

The 2013 LAEI details the approximate proportion of emissions of NO_x from vehicles and combustion plant in the City of London during 2011. This is shown in Figure A3.

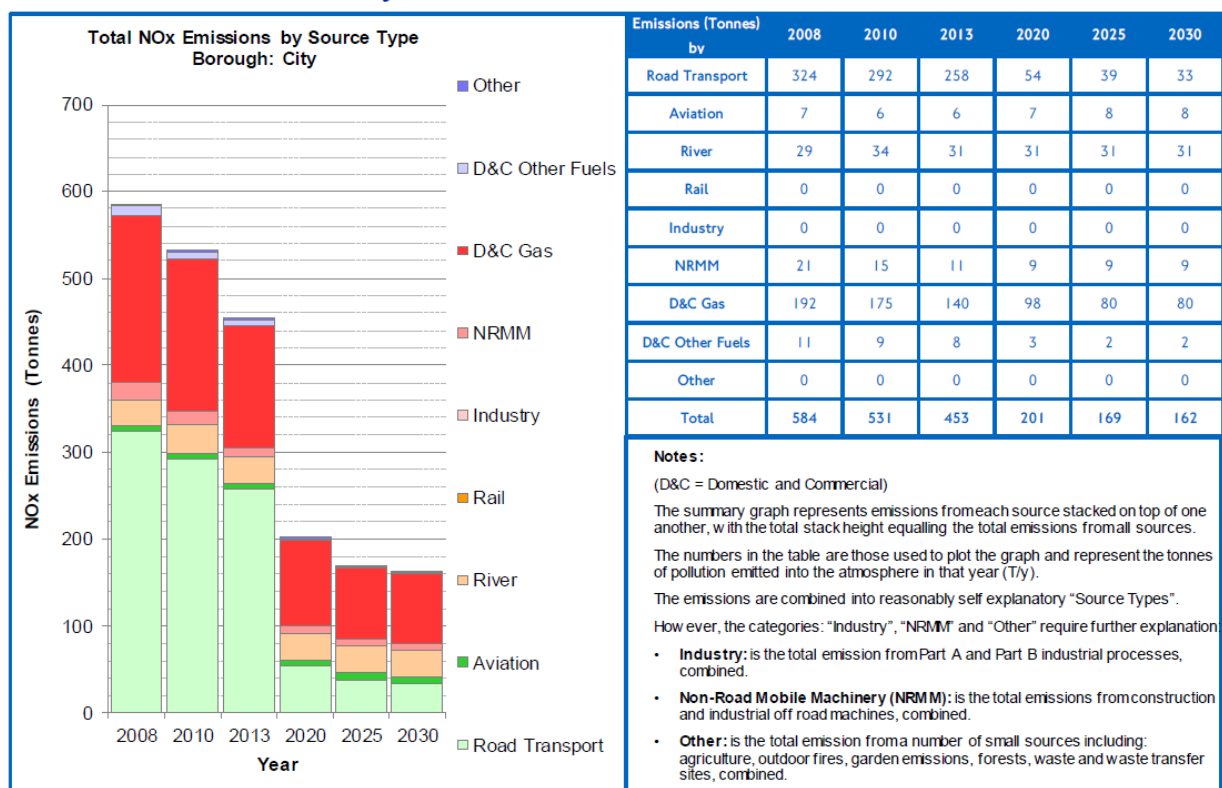
Figure 3A shows the estimated contributions of NOx. In 2013 road transport is the biggest single source of emissions, emitting 258 tonnes of NOx, however this is estimated to reduce to 54 tonnes by 2020. This forecast reduction is based on significant improvements to the emissions from vehicles. It implies a reduction of almost 80% over the 7 years.

Emissions from stationary combustion sources such as Combined Heat and Power and boilers are expected to drop from 148 to 101 tonnes

Figure 3A

London Atmospheric Emissions Inventory

NOx Emissions - City of London



Appendix 4: Health Effects of Air Pollution

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

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

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

Much research into the health impacts of air pollution has been undertaken. A study 'Understanding the Health Impacts of Air Pollution in London' undertaken by Kings College London was published in July 2015¹⁹. The report, commissioned by TfL and the GLA, estimated the mortality burden of 2010 concentrations of fine particles (PM_{2.5}) in London. The total mortality burden of anthropogenic PM_{2.5} for the year 2010 is estimated to be 52,630 life-years lost, equivalent to 3,537 deaths at typical ages. The total mortality burden of long-term exposure to NO₂ is estimated to be up to 88,113 life-years lost, equivalent to 5,879 deaths at typical ages, combined to create a total figure of up to 9,400 equivalent deaths in 2010. There is assumed to be an overlap in effects of about 30%.

More recently COMEAP in 2018²⁰ published estimates of the annual mortality burden of human-made air pollution across the UK. This study considers the effects of nitrogen dioxide, but these cannot be separated out from the effects of PM_{2.5}. The annual mortality burden has been estimated as an effect equivalent to 28,000 to 36,000 deaths. The range is based on two approaches to take into account the differing views of experts.

The WHO Guidelines for PM are the lowest levels at which total cardiopulmonary and lung cancer mortality have been shown to increase with more than 95% confidence in response to PM_{2.5} in a long-term exposure to fine particulate air pollution study.²¹

¹⁹ Understanding Health Impacts of Air Pollution in London King's College London 15 July 2015

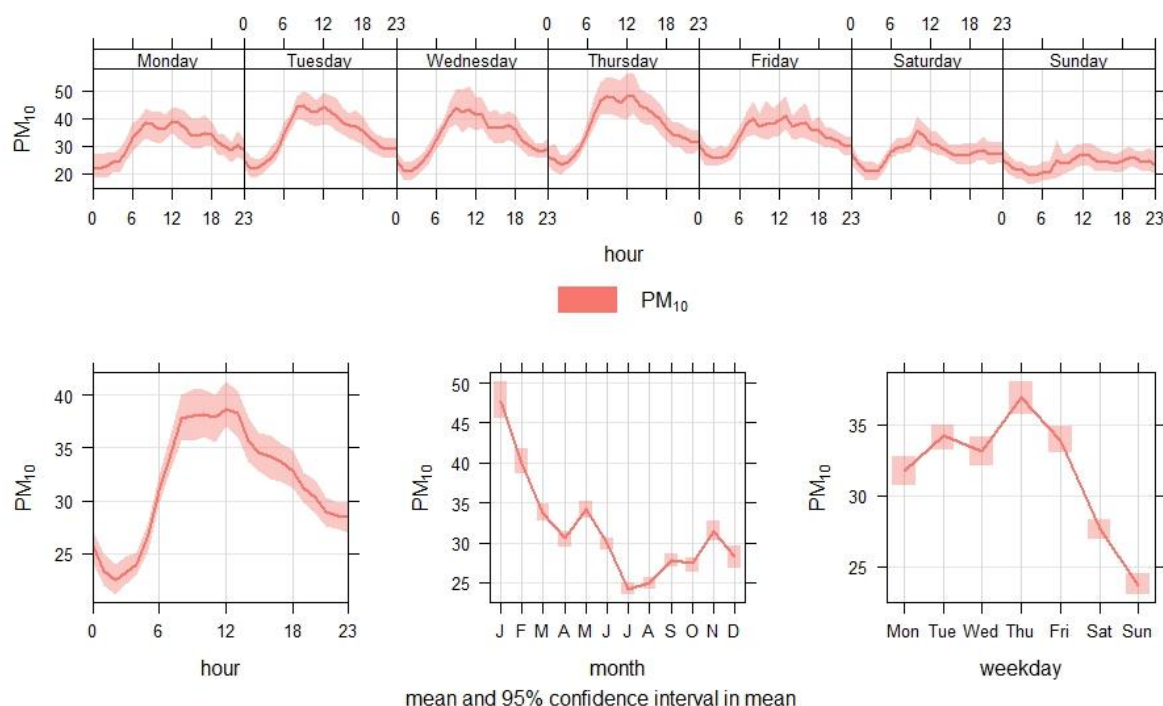
²⁰ Associations of long-term average concentrations of nitrogen dioxide with mortality. A report by the committee on the Medical Effects of Air Pollutants. August 2018

²¹ Evolution of WHO air quality Guidelines, Past Present and Future. World Health Organization 2017

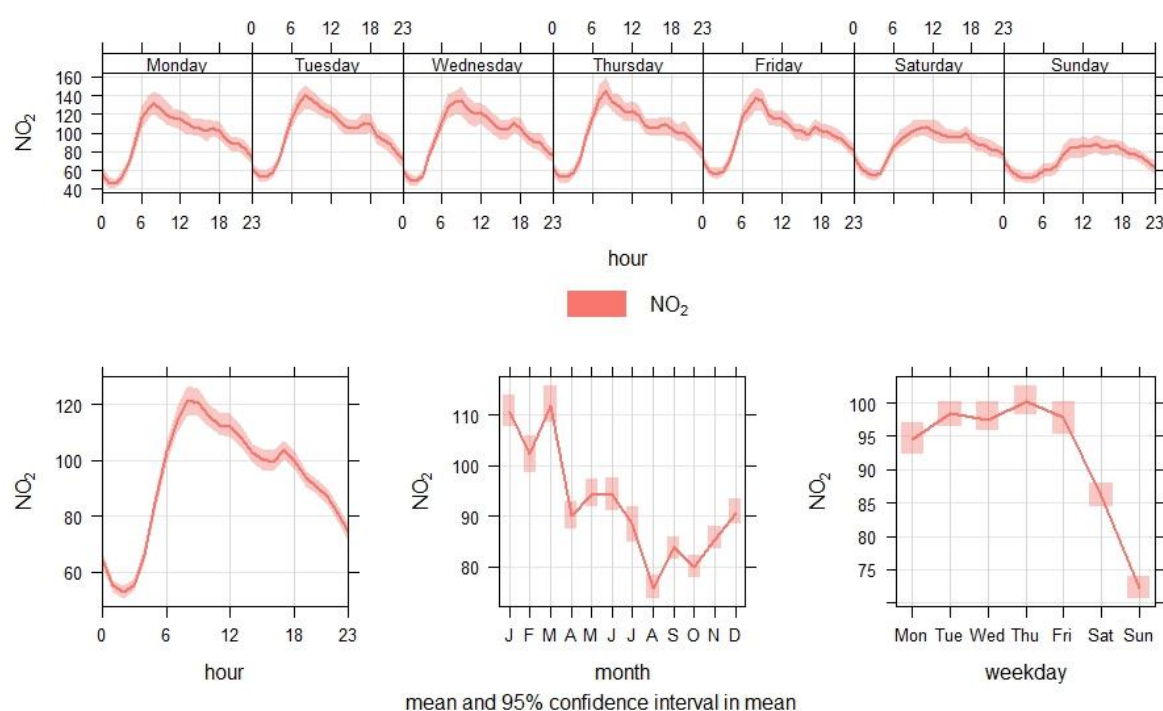
Appendix: 5 Further analysis of monitoring data

Further analysis of monitoring data shows the average diurnal profile during different days of the week. Changes in concentrations are closely related to traffic patterns.

Time Variation of PM₁₀ concentrations at Upper Thames Street 2017



Time Variation of NO₂ concentrations at Upper Thames Street 2017



Appendix 6: Mayor of London Policies

Environment Strategy

As part of his legal obligation to meet air quality Limit Values across London, the Mayor of London published the London Environment Strategy in May 2018. The strategy also covers climate change mitigation and energy, the low carbon economy, waste, green space and transport.

London Plan

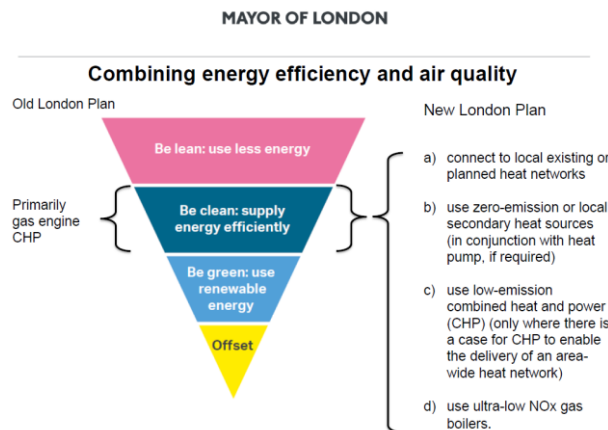
At the time of writing this strategy, emerging policy on air quality is contained in Chapter 9 of the draft London Plan (with minor amendments). This deals with Sustainable Infrastructure:

- Policy SI 1 Improving air quality, part A (1) Development proposals should not lead to further deterioration of existing poor air quality;
- Policy SI 1 Improving air quality, part A (2) requires development proposals to use design solutions to prevent or minimise increased exposure to existing air pollution;
- Policy SI 1 Improving air quality, part A (3) requires masterplans and development briefs for large-scale development proposals subject to an Environmental Impact Assessment should propose methods of achieving an Air Quality Positive approach through the new development and (3a) major development proposals must be at least air quality neutral and be submitted with an Air Quality Assessment.
- Policy SI 1 Improving air quality, part A (4) requires developers to demonstrate how they plan to comply with the Non-Road Mobile Machinery Low Emission Zone and reduce emissions from the demolition and construction of buildings following best practice guidance.
- Policy SI 3 Energy infrastructure. Part D (1) requires major development proposals within Heat Network Priority Areas to have a communal low-temperature heating system in line with the following hierarchy; connection to a local existing or planned heat network; use zero emission or local secondary heat sources in conjunction with heat pump; use low-emission combined heat and power (CHP) only where there is a case for CHP to enable the delivery of an area-wide heat network.

In addition, a study on the air quality impacts from Combined Heat and Power in London for the GLA has been undertaken by Ricardo Energy and Environment. The report recommends a complete ban on combustion-based CHP provision for new

development, either in specific geographical areas where air quality is a particular problem, or there are sensitive communities.

The GLA has published an evidence report 'Low Carbon Heat: Heat Pumps in London' which acknowledges that as more up-to-date carbon factors for electricity are applied, heat pumps offer a substantially lower carbon system compared to gas-based systems (e.g. gas boilers and/or gas-fired Combined Heat and Power). This creates co-benefits for both carbon savings and reduced air pollutant emissions as there are no emissions locally.



Transport Strategy

The Mayor of London published a new Transport Strategy in 2018. It set out his plans to transform London's streets, improve public transport and create opportunities for new homes and jobs. The headline target is to 'aim for '80% of all trips in London to be made on foot, by cycle or using public transport by 2041'. Two key elements of the approach include:

Healthy Streets and healthy people: Creating streets and street networks that encourage walking, cycling and public transport use will reduce car dependency and the health problems it creates.

A good public transport experience: Public transport is the most efficient way for people to travel over distances that are too long to walk or cycle, and a shift from private car to public transport could dramatically reduce the number of vehicles on London's streets.

Several action plans will be developed to support the strategy, the first of these is the Walking Action Plan.

Ultra-Low Emission Zone

An Ultra-Low Emission Zone (ULEZ) will be introduced in central London in April 2019. Vehicles travelling in the existing Congestion Charge Zone will be required to

meet new emission standards 24 hours a day, seven days a week, or pay a daily charge. From 2021, the Mayor proposes to extend the zone to encompass the [North and South Circular boundaries](#).

In addition, since January 2018, all new taxis presented for licensing for the first time must be zero emission capable (ZEC). This means having CO2 emissions of no more than 50g/km and a minimum 30-mile zero emission range. Also, all private hire vehicles (PHVs) licensed for the first time must have a Euro 6 petrol or diesel engine, or a Euro 4 petrol-hybrid engine.

In early 2019, TFL will also consult on proposals to reduce taxi emissions further, including a proposal of phased reductions of the taxi age limit for the dirtiest vehicles to 12 years. The 15-year age limit would be strictly mandated in 2019, with a proposed reduction in the age limit each year until a 12-year age limit is reached.

The Mayor of London announced a £23m scrappage scheme for the London's most polluting vans ahead of the introduction of the ULEZ. The scheme will initially help London's micro-businesses, which they define as those with fewer than 10 employees.

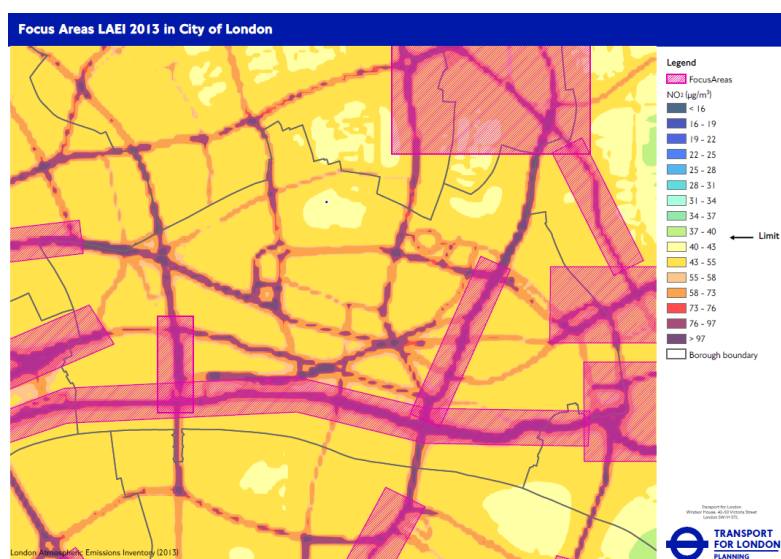
Air Quality Focus Areas

The Mayor of London has identified 'Air Quality Focus Areas' across London. These are areas where the Greater London Authority and Transport for London will focus action to improve air quality, reducing exposure. The Focus areas in the City of London are shown in Figure A6.1

The criteria used by TfL to determine air quality focus areas are available on the Greater London Authority web site²².

²²GLA (2016), London Atmospheric Emissions Inventory (LAEI) 2013 Air Quality Focus Areas - December 2016 update London Data store.

Figure A6.1: Air Quality Focus Areas in the Square Mile



Appendix 7: Air Quality Policies in the Draft City Plan

Policy HIC2: Air Quality

- Developers will be required to effectively manage the impact of their proposals on air quality. Major developments must provide an Air Quality Impact Assessment
- Development that would result in deterioration of the City's nitrogen dioxide or PM10 and PM2.5 pollution levels will be refused
- Developments should be at least Air Quality Neutral. Major developments must maximise credits for the pollution section of the BREEAM assessment relating to on-site emissions of oxides of nitrogen (NOx)
- Developers will be encouraged to install non-combustion low and zero carbon energy technology. A detailed Air Quality Impact Assessment will be required for combustion based low and zero carbon technologies, and necessary mitigation must be approved by the City Corporation
- Developments that include uses that are more vulnerable to air pollution, such as schools, nurseries, medical facilities and residential development, will be refused if the occupants would be exposed to poor air quality. Developments will need to ensure acceptable air quality through appropriate design, layout, landscaping and technological solutions
- Construction and deconstruction and the transport of construction materials and waste must be carried out in such a way as to minimise air quality impacts to the fullest extent possible. Impacts from these activities must be addressed within submitted Air Quality Impact Assessments
- Air intake points should be located away from existing and potential pollution sources (e.g. busy roads and combustion flues). All combustion flues should terminate above the roof height of the tallest building in the development to ensure maximum dispersion of pollutants.
- Improving air quality and reducing exposure is also referenced in a number of other policy areas.

Policy HIC8: Play Areas and Facilities

- Play areas and facilities must be inclusive and must not be located in areas of poor air quality due to the negative health impacts on young children.

Strategic Policy S8: Design

- Developments should optimise micro-climatic conditions, address solar glare, day light and sunlight and uncomfortable wind conditions and deliver improvements in air quality

Policy D1: Sustainability Standards

- Mayor development will be required to achieve BREEAM rating of 'excellent' or outstanding obtaining maximum credits for the City's priorities (energy, water, pollution and materials)
- Demonstrate that the London plan carbon emission and air quality requirements have been met on site. In exceptional circumstances where standards cannot be met on site, offsetting will be required to account for the shortfall

Policy D3: Public Realm

- Public realm schemes must have regard to the wellbeing of users in relation to air pollution, noise, temperatures, shading and micro climate

Policy CEW3: New Waste Management Sites

- Proposals for new waste management, handling and transfer will be required to demonstrate that access arrangements, mode of transport and transport routes will minimise the potential for congestion and environmental impacts including local air quality impacts

Strategic Policy S20: Aldgate and Tower

- The Aldgate and Tower key area of change includes requirements to improve air quality around Mansell Street Estate, make improvements to Aldgate Bus Station to improve air quality and identify opportunities to reduce pollution through public realm improvements in the vicinity of Sir John Cass School and Middlesex Street

Strategic Policy S22: Fleet Street

- Residential development will be directed to appropriate sites off principal streets to reinforce the existing residential cluster, ensuring a high quality of residential amenity to reduce exposure to poor air quality

Strategic policy S23: Smithfield and Barbican Key Area of Change

- Improvements will be made to Beech Street to reduce the volume of traffic, improve air quality and increase amenity and vitality

Glossary

AQAP: Air Quality Action Plan

AQMA: Air Quality Management Area

AQS: Air Quality Strategy

BREEAM: Building Research Establishment Environmental Assessment Method

CHP: Combined Heat and Power

COMEAP: Committee on the Medical Effects of Air Pollutants

CRP: Cross River Partnership

Defra: Department for Environment Food & Rural Affairs

EA: Environment Agency

EPR: Environmental Permitting Regulations

EPUK: Environmental Protection UK

EU: European Union

EV: Electric Vehicles

g/kWh: grams per kilowatt hour

HC: Hydrocarbons

HWB: Health and Wellbeing Board

JSNA: Joint Strategic Needs Assessment

KCL: Kings College London

Kg: kilograms

kW: kilowatts

LEN: Low Emissions Neighbourhood

LAEI: London Atmospheric Emissions Inventory

MAQF: Mayor's Air Quality Fund

MCPD: Medium Combustion Plant Directive

µg/m³: microgram of pollutant per cubic metre of air

mg/m³: milligram of pollutant per cubic metre of air

mg/Nm³: milligram of pollutant per cubic metre of air at normal conditions

mg/kWh: milligram of pollutant per kilowatt hour

m/sec: metres per second

mW: Megawatt

NRMM: Non-Road Mobile Machinery

NO₂: Nitrogen dioxide

NO_x: Oxides of nitrogen

PHE: Public Health England

PHOF: Public Health Outcomes Framework

PHV: Private Hire Vehicles

PM₁₀: Particulate matter with a diameter of 10 micrometres

PM_{2.5}: Particulate matter with a diameter of 2.5 micrometres

SPD: Supplementary Planning Document

SPG: Supplementary Planning Guidance

STOR: Short-Term Operating Reserve

TfL: Transport for London

ULEV: Ultra Low Emission Vehicle

ULEZ: Ultra Low Emission Zone

WHO: World Health Organisation

ZEC: Zero Emission Capable

ZEZ: Zero Emission Zone

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