Public Document Pack

Health and Wellbeing Board

Date: **FRIDAY, 3 MAY 2024**

Time: 11.00 am

Venue: **COMMITTEE ROOMS - 2ND FLOOR WEST WING, GUILDHALL**

Members:
Gail Beer, Healthwatch
Nina Griffith, City and Hackney Place Based Partnership and North East London Integrated Care Board
Dr Sandra Husbands, Director of Public Health
Ruby Sayed, Chairman, Community and Children's Services Committee
Gavin Stedman, Port Health and Public Protection Director
Deputy Randall Anderson, Court of Common Council
Helen Fentimen OBE JP, Port Health and Environmental Services Committee
Simon Cribbens, Safer City Partnership
Wilde, City of London Police
Matthew Bell, Policy and Resources Committee
Mary Durcan, Court of Common Council
Finlay, Executive Director, Community and Children's Services
Ceri Wilkins, Court of Common Council
Vacancy, East London Foundation Trust
Vacancy, Barts Health NHS Trust
Vacancy, Homerton Healthcare NHS Foundation Trust

Enquiries: **emmanuel.ross@hackney.gov.uk - Agenda Planning**
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https://www.youtube.com/@CityofLondonCorporation/streams

A recording of the public meeting will be available via the above link following the end of the public meeting for up to one civic year. Please note: Online meeting recordings do not constitute the formal minutes of the meeting; minutes are written and are available on the City of London Corporation's website. Recordings may be edited, at the discretion of the proper officer, to remove any inappropriate material.

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Ian Thomas CBE
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES FOR ABSENCE**

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

3. **ORDER OF THE COURT**

   To receive the Order of the Court of Common Council dated 25 April 2024.

   For Information
   (Pages 5 - 6)

4. **ELECTION OF CHAIRMAN**

   To elect a Chairman in accordance with Standing Order 29.

   For Decision

5. **ELECTION OF DEPUTY CHAIRMAN**

   To elect a Deputy Chairman in accordance with Standing Order 30.

   For Decision

6. **MINUTES**

   To agree the minutes and non-public summary of the previous meeting held on 2 February 2024.

   For Decision
   (Pages 7 - 14)

7. **CITY OF LONDON JOINT LOCAL HEALTH AND WELLBEING STRATEGY 2024 - 2028**

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

   For Decision
   (Pages 15 - 58)

8. **BETTER CARE FUND Q3 RETURN**

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

For Decision
(Pages 59 - 66)

9. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**

Report of Healthwatch, City of London.

For Information
(Pages 67 - 74)

10. **COMBATING DRUGS PARTNERSHIP AND SUBSTANCE USE SUPPORT UPDATE**

Report of the Director of Public Health.

For Information
(Pages 75 - 96)

11. **CITY AND HACKNEY OUTCOMES FRAMEWORK AND APPROACH TO IMPROVING OUTCOMES**

Report of the Head of Performance and Population Health, NHS North East London.

For Information
(Pages 97 - 112)

12. **DRAFT AIR QUALITY STRATEGY 2025 TO 2023**

Report of the Interim Executive Director for Environment.

For Information
(Pages 113 - 184)

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

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

15. **EXCLUSION OF PUBLIC**

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

For Decision

Part 2 - Non Public Reports

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

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

MAINELLI, Mayor	**RESOLVED:** That the Court of Common Council holden in the Guildhall of the City of London on Thursday 25th April 2024, doth hereby appoint the following Committee until the first meeting of the Court in April, 2025.

HEALTH & WELLBEING BOARD

1. **Constitution**
A Non-Ward Committee consisting of,
- three Members elected by the Court of Common Council (who shall not be members of the Health and Social Care Scrutiny Sub-Committee)
- the Chairman of the Policy and Resources Committee (or his/her representative)
- the Chairman of Community and Children's Services Committee (or his/her representative)
- the Chairman of the Port Health & Environmental Services Committee (or his/her representative)
- the Director of Public Health or his/her representative
- the Director of the Community and Children's Services Department
- a representative of Healthwatch appointed by that agency
- NHS representative of the City and Hackney Place of the North East London Integrated Care Board ("**ICB"**) appointed by that agency.
- a representative of the Safer City Partnership
- the Port Health and Public Protection Director
- a representative of the City of London Police appointed by the Commissioner
- NHS representative of the East London Foundation Trust ("ELFT") appointed by that agency
- NHS representative of the of the Barts Health NHS Trust (St Bartholomew's Hospital) appointed by that agency
- NHS representative of the Homerton Healthcare NHS Foundation Trist appointed by that agency

2. **Quorum**
The quorum consists of three Members, the majority of whom must be Members of the Common Council or officers representing the City of London Corporation.

3. **Membership 2024/25**

5 (3) Mary Durcan

2 (2) Randall Anderson, Deputy

1 (1) Ceri Wilkins

Together with the Members referred to in paragraph 1 above.

Co-opted Members
The Board may appoint up to two co-opted non-City Corporation representatives with experience relevant to the work of the Health and Wellbeing Board.

4. **Terms of Reference**
To be responsible for:-

a) carrying out all duties* conferred by the:- Health and Social Care Act 2012, Health and Care Act 2022 ("the HSCA") and Section 128A of the NHS Act 2006 for the City of London area, among which:-

i) to provide collective leadership for the general advancement of the health and wellbeing of the people within the City of London by promoting the integration of health and social care services; and

ii) to identify key priorities for health and local government commissioning, including the preparation of the Joint Strategic Needs Assessment and the production of a Joint Health and Wellbeing Strategy.

*All of these duties should be carried out in accordance with the provisions of the HSCA 2012 and 2022 concerning the requirement to consult the public and to have regard to the statutory guidance issued by the Secretary of State including "Statutory guidance on joint strategic needs assessment and joint health and wellbeing strategies (JHWBS)" https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance and non-statutory guidance " Health and wellbeing board – guidance" https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance ;

b) mobilising, co-ordinating and sharing resources needed for the discharge of its statutory functions, from its membership and from others which may be bound by its decisions; and

c) appointing such sub-committees as are considered necessary for the better performance of its duties.

d) to carry out the statutory duty to assess needs for pharmaceutical services in the City Corporation's area and to publish a statement of its first assessment and of any revised assessment.

e) to be involved in the preparation of the joint forward plan for the ICB and its partner bodies including consideration of whether the draft takes proper account to of the Joint Local Health and Wellbeing Strategy.

f) Approval of the Better Care Fund plan for the City of London area

5. **Substitutes for Statutory Members**

Other Statutory Members of the Board (other than Members of the Court of Common Council) may nominate a single named individual who will substitute for them and have the authority to make decisions in the event that they are unable to attend a meeting.

HEALTH AND WELLBEING BOARD

Friday, 2 February 2024

Minutes of the meeting of the Health and Wellbeing Board held at Committee Rooms - 2nd Floor West Wing, Guildhall on Friday, 2 February 2024 at 11.00 am

Present

Members:
Mary Durcan, Court of Common Council (Chairman)
Gail Beer, Healthwatch
Deputy Randall Anderson, Court of Common Council
Helen Fentimen, Port Health and Environmental Services Committee
Matthew Bell, Policy & Resources Committee
Judith Finlay, Executive Director, Community and Children's Services

In Attendance

Officers:

Chris Lovitt	-	City and Hackney Public Health Service
Froeks Kamminga	-	City and Hackney Public Health Service
Emmanuel Ross	-	City and Hackney Public Health Service
Teresa Shortland	-	Community and Children's Services
Ellie Ward	-	Community and Children's Services Department
Steve Playle	-	Environment Department
Kate Doidge	-	Town Clerk's Department

1. **APOLOGIES FOR ABSENCE**
   Apologies were received from Deputy Marianne Fredericks.

   Ruby Sayed (Deputy Chairman), Dr Sandra Husbands (Director of Public Health), and Gavin Stedman (Port Health and Public Protection Director) observed the meeting virtually.

2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
   There were no declarations.

3. **MINUTES**
   The public minutes and non-public summary of the previous meeting held on 24 November 2023 were received.

   It was raised that there was an inaccuracy under Item 10. The Minutes were therefore amended as follows:

   "The Board discussed the Neaman Practice, and views on the location and condition of the space. The Board heard that the practice's current lease had

not yet ended, and the responsibility for providing and funding the practice space was that of the Integrated Care Board (ICB). The practice hopes to expand in future but subject to the ICB supporting that. The Board heard that its views had been articulated on long-term estates strategy for primary care. It was suggested that an update on the primary care strategy could be requested to be presented at the future meeting. This update could include plans from commissioners on models for their primary care plans, including linking to population flow and changes to primary care."

Under matters arising, the Committee heard that grant funding had been secured for a further year for Hoxton Health to provide foot health service in the City of London. This included sessions at the Neaman Practice and Portsoken Health Centre, and home visits.

RESOLVED – That the public minutes and non-public summary of the previous meeting held on 24 November 2023 be approved as a correct record, as amended.

4. **SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) IN THE CITY OF LONDON LOCAL AREA**

The Board received a report of the Executive Director of Community and Children's Services, concerning Special Educational Needs and Disability (SEND) in the City of London local area. Following the presentation of the report, the Board asked questions and made comments, which are detailed below.

Following a Member query on whether there were sufficient financial resources for the increase in children requiring SEND support, the Board heard that the funding for SEND was within the high needs block of the dedicated schools grant. There were annual discussions with the Department for Education (DfE) with regards to funding. However, there was not a specialist need school within the City of London area, some placements had to be made in schools outside of the local area. These placements were more challenging and costly, which created the budget pressures.

Members heard that the higher statistics for boys receiving an Education, Health and Care Plan (EHCP) reflected national trends. Analysis of cases within the City of London area showed that girls were more likely to be referred during the transition into secondary school. There had been work with The Aldgate School for early identification and support of girls and were working with an Education Pyschologist. The national trends in the increase in the number of referrals was a challenge across all schools.

Members noted that there had been developments since the last OFSTED data collection. The Board heard that data for SEND support was not easily accessible, as it relied upon the co-operation of schools, and schools did not have to provide the data. However, data had been used from school admissions and there had been a successful return following contact with schools, meaning that the data could be kept up to date. Schools were invited

to join the Special Educational Needs Co-ordinator (SENCo) network to provide information and signposting on early or additional familial support.

Members commented on resources and capacity, noting anecdotes from families on the frustration at the timeline to complete an EHCP referral. The Board heard that numbers had increased since 2020, which followed national trends, even though some cases had since moved outside of the City of London area. In terms of capacity, the SEND team were small. The Educational Psychologists were a 4 day a week source, but there had not been a large staff turnover in recent years. There had been recruitment for a second SEND case worker. The team had managed to meet 100% of its statutory deadlines, but this could be due to the smaller population size of the City. In terms of the timeline for EHCP, there were codes of practices and national frameworks which meant that it could take up to 20 weeks from the start of an application to its conclusion. During this period, independent advice was offered to support parents. With a new broader SEND framework, resourcing and capacity would have to be looked at in more depth in the future. Despite these challenges, there were good connections with schools, children and social care, and there was a strong commitment to deliver services.

Finally, the Board heard that increases in children requiring SEND support occurred in the transition to secondary school (Year 7). Following a request to have more detail on the statistics, the Board heard that this information was sensitive due to the smaller population within the City, which could make individuals identifiable. There would have to be careful consideration of how this data was presented to the Board in the future.

RESOLVED – That the report be received and its contents noted.

5. **THE CITY & HACKNEY SAFEGUARDING CHILDREN PARTNERSHIP (CHSCP) ANNUAL REPORT 2022/23**

The Board received a report of the Independent Chair of the City & Hackney Safeguarding Children Partnership (CHSCP) concerning the annual report for 2022/23. The Board heard that there had been recent changes to statutory guidance in December 2023. There were some concerns surrounding the implications behind the revised guidance, including the weakening of independent scrutiny. There would be decisions regarding organisational structure, for instance the combination of children in need functions, the targeted early help functions, and widening the cohort of professionals. The concerns arose due to public services being under significant pressure. The Board heard that the legislative changes were being reviewed from a City & Hackney partnership perspective and from a North East London perspective.

RESOLVED – That the report be received and its contents noted.

6. **CITY & HACKNEY SEXUAL AND REPRODUCTIVE HEALTH STRATEGY, ACTION PLAN AND CONSULTATION REPORT**

The Board received a report of the Director of Public Health, concerning the approval of the City & Hackney Sexual and Reproductive Health Strategy,

Action Plan and Consultation Report. Following an introduction of the report, Members of the Board asked questions and made comments, which are detailed below.

The Chairman thanked officers and commended the ambition and commitment to co-production. It was commented that advocating for more national investment was crucial. Some services were funded from the City & Hackney public health grant, and some services were commissioned directly by the NHS. The City of London has a high level of need, and there needed to be more work on education, prevention, and use of online services. This would require more investment at a national level.

Members of the Board queried whether there was difficulty in determining whether access to services was made by workers or residents within the City of London. The Board heard that the City of London had higher rates in comparison to the rest of the country in terms of access to sexual health services, and an a-typical population. There was evidence that sexual health providers were not following the correct guidance when asking for a patient's address, which made it difficult to determine whether the patient was a resident or worker. There had been communications to providers, in order to improve the understanding of the need for sexual health services within the City.

Members of the Board asked questions with regards to managing the success of the action plan. The response was that officers had developed the strategy and action plan alongside each other. A sub-working group would agree responsibilities and outcomes of the action plan and would formally manage it in order to assist with working together with partners. A member requested an interim update report on the action plan be brought to the Board after six months, in addition to the annual update of the action plan and progress report.

Lastly, the Board heard that sexual assault referral centres (SARC) were known as Havens. There had been some staffing challenges and difficulty reinstating services following the Covid-19 lockdowns. Officers were keen to ensure there was greater public and professional awareness of when and how these services were accessed, and the action plan had specific actions to raise awareness of Havens. Havens were accessed by both referral and walk-ins, with the City of London and Met Police being a major source of referrals. NHS England, who commissioned the Havens, were looking to bring different Havens into a central London location with parking spaces for Police who may make the referral. Having a joined up approach would have an impact on the outcome and experience when using these services.

RESOLVED – That the Health and Wellbeing Board:

(i) Note the consultation report;
(ii) Reviewed and approved the revised strategy;
(iii) Reviewed and approved the first year action plan with an interim report at six months on progress to come to the Health and Wellbeing Board;

(iv) Confirmed setting up of a sub group of the Health and Wellbeing Board for the sexual and reproductive health strategy implementation group and annual reporting to the Board.

7. **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT - 2023**

The Board received a report of the Director of Public Health, concerning the Director of Public Health's Annual Report for 2023.

The Board heard hat the Annual Report had been used to inform the City and Hackney Sexual and Reproductive Health Strategy. Officers had been working with the communications team to promote and enhance the impact of the report.

The Board heard that the topic for the Annual Report 2024 would be social capital. This concerned connections between people which were positive and fruitful for life experience and life outcomes. There was a particular interest in connections which promoted health, as communities with high levels of social capital were healthier and less fragmented. There would be a two-part approach over two years, with the latter year building upon an evidence base on social capital. In 2025, a practical action plan would be produced for communities. There would also be an advisory group which would provide insight and expertise to help guide the project.

RESOLVED – That the report be received and its contents noted.

8. **TRADING STANDARDS UPDATE - NICOTINE INHALING PRODUCTS**

The Board received a report of the Interim Executive Director for Environment, concerning an update on trading standards in relation to nicotine inhaling products. Following an introduction to the report, the Board noted that Central Government had recently announced plans to ban single use inhaling products, and to make them less appealing to children. The Board also noted that the report had been received at the Port Health and Environmental Services Committee, whose Members had raised concerns on the disposal of the products, and the test purchasing of inhaling products. The Board also noted that a paper would be received at a future meeting for the local approach to tobacco control. Inhaling products could support quitting adult smokers, but there needed to be discouragement for non-tobacco smokers from using inhaling products, and stopping the supply of illegal products.

The Board noted that issues and concerns surround inhaling products was a topic which covered many teams across the City Corporation, including health and waste management. Officers would take away points with regards to local campaigns to prevent smoking and safe disposal options. With regards to waste disposal, it would be quicker to report back to the Board with a strategy, but issues such as addiction and illegal products would take more time. However, it was agreed that an update report would be received at a future meeting.

The Board noted that it had been announced that it was aimed that those born from 1st January 2009 would not be able to purchase tobacco, and it was

queried whether this extended to inhaling products. The response was that the legislation focused on tobacco, as the intention was that inhaling products would be available to support those over the age of 18 with addiction issues.

The difference between legal and illegal disposal products was the size of the chamber and the strength of the nicotine. There was a piece of work to identify the origin of illegal products. The penalties for illegal products were unlimited fines and 5 years maximum, but the largest deterrent was seizing stock, which due to the value of the products was a larger penalty.

RESOLVED – That the report be received and its contents noted.

9. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**

The Board received a report from Healthwatch, City of London, to consider a progress update.

The Board heard from the Healthwatch representative who provided a summary of the progress update. This included updates regarding concerns on overprescribing at pharmacies (which has been reported to NHS England), patient panels, deaf awareness, sessions on CPR and resuscitation, the lease and provision at the Neaman Practice, digital apps, and services and access for foot health.

Following queries, the Board heard that Healthwatch were not consulted on the appearance of leaflets but were more consulted on strategic communications.

The Board discussed the Neaman Practice, and future opportunities at the facility. It was noted that a report would be received at a future meeting of the Board which would cover plans from commissioners on models for their primary care plans, including linking to population flow and changes to primary care.

RESOLVED – That the report be received and its contents noted.

10. **NORTH EAST LONDON INTEGRATED CARE BOARD: FORWARD PLAN REFRESH 2024/2025**

Note: During this item, the Board agreed that, under Standing Order 40, the meeting be extended to conclude its remaining items of business.

The Board received a report of the NHS North East London (NEL) Integrated Care System, concerning their forward plan refresh for 2024/25. The report sought the Board's views and comments on the forward plan.

Members of the Board commented that whilst it was appreciated that City and Hackney had its own individual pages within the plan, these did not address the specific needs of those areas, including homelessness and rough sleeping, the hidden workforce, and sexual health. The draft plan felt more health focused rather than partnership focused and needed to reflect the work in the City and Hackney with communities.

Members also commented that the plan felt high-level and Hackney-centric, as well as the language being NHS England focused rather than being broad and accessible for all. In addition, there was not enough detail on finances and how to close the gap with productivity and efficiency.

Finally, the Board heard that the finalised forward plan would be signed off by NHS England by the end of March 2024.

RESOLVED – That the report be received and its contents noted.

11. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no public questions.

12. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
There were no public items of urgent business.

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

14. **NON PUBLIC MINUTES**
RESOLVED – That the non-public minutes of the previous meeting held on 24 November 2023 be approved as a correct record.

15. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no non-public questions.

16. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**
There were no non-public items of urgent business.

The meeting ended at 1.00 pm

Chairman

Contact Officers:
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Committee: Health and Wellbeing Board	**Dated:** 03/05/2024
Subject: City of London Joint Local Health and Wellbeing Strategy 2024 - 2028	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	Diverse Engaged Communities Providing Excellent Services
Does this proposal require extra revenue and/or capital spending?	**N**
If so, how much?	**N/A**
What is the source of Funding?	**N/A**
Has this Funding Source been agreed with the Chamberlain's Department?	**N/A**
Report of: Judith Finlay, Executive Director, Community and Children's Services	**For Decision**
Report author: Ellie Ward, Head of Strategy and Performance, Community and Children's Services	

Summary

This report presents the City of London Joint Local Health and Wellbeing Strategy (JLHWS) 2024-2028 for approval.

The Health and Care Act 2012 set out requirements for Health and Wellbeing Boards, for Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies to be developed in local areas. Taken together, their purpose is to improve the health and wellbeing of the local community and reduce inequalities across all ages.

Health and wellbeing can change and is influenced by many different things which all interconnect. Based on evidence, this strategy focuses on three of these areas – building financial resilience, increasing social connectedness and tackling social isolation and improving mental health.

Recommendation

Members are asked to:

- **Approve** the City of London Joint Local Health and Wellbeing Strategy 2024 – 2028

Main Report

Background

1. The Health and Care Act 2012 set out requirements for Health and Wellbeing Boards, for Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies to be developed in local areas. Under the Health and Social Care Act 2022, Joint Health and Wellbeing Strategies were renamed to Joint Local Health and Wellbeing Strategies (JLHWS).

2. The purpose of JSNAs and JLHWSs are to improve the health and wellbeing of the local community and reduce inequalities across all ages. They are designed to develop local evidence-based priorities for partnership work and future commissioning which will improve the public's health and reduce inequalities. They are also used to determine what actions local authorities; the local NHS and other partners need to take to meet health and social care needs and to address wider determinants of health and wellbeing.

3. Health and wellbeing can change and is influenced by many different things which all interconnect and include personal behaviours and choices to broader social, economic, cultural and environmental conditions – these are known as the wider determinants of health.

4. The local JSNA is thematic and covers both the City of London and Hackney. It can be found here Home - City and Hackney Health and Wellbeing Profile (cityhackneyhealth.org.uk).

5. This new JLHWS, which covers a period of four years, is built on a range of evidence from the JSNA, national evidence, engagement and an innovative peer researcher project which trained local residents to network with their communities to undertake research about needs and experiences within the community.

Current Position

6. This new JHWS is built around 3 key priorities – increasing financial resilience, increasing social connection and tackling social isolation and improving mental health.

7. The strategy sets out why each of these is a priority, the City of London picture in relation to this and some of the actions in relation to this.

8. The action plan for the Strategy is to follow as this will very much need to be a partnership action plan and needs time to be developed.

Corporate & Strategic Implications

9. *Strategic implications* – JSNAs and JLHWS are statutory requirements as set out by the Health and Care Act 2012. The new JLHWS also has strategic links to a number of other relevant strategies such as the Homelessness and Rough Sleeping Strategy and the Carers Strategy. The strategy also contributes to meeting Corporate Plan outcomes, particularly Diverse Engaged Communities and Providing Excellent Services

10. *Financial implications* – none for this report

11. *Resource implications* – none for this report

12. *Legal implications* – none for this report

13. *Risk implications* – none for this report

14. *Equalities implications* – The underlying principle of JSNAs and JLHWS is to tackle health inequalities locally. An Equalities Impact Assessment (EIA) accompanies this report and strategy and where any initiatives or services develop, specific EIAs would be undertaken.

15. *Climate implications* – none for this report

16. *Security implications* – none for this report

Conclusion

17. This report sets out the new City of London Joint Local Health and Wellbeing Strategy for approval.

Appendices

- Appendix 1 – JLHWS 2024 – 2028
- Appendix 2 – Equalities Impact Analysis

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City of London Corporation

Joint Local Health and Wellbeing Strategy

2024-28

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Introduction

This Joint Local Health and Wellbeing Strategy (JLHWS) sets out the priorities, outcomes and actions agreed by the City of London Health and Wellbeing Board to tackle health inequalities locally.

The City of London Health and Wellbeing Board is a partnership board that works together to improve the health and wellbeing of people in the City of London (including workers) which contributes to tackling health inequalities. The Board includes Public Health, Healthwatch, representatives from the local health and care system, elected members and the City of London Police. The representation reflects the fact that there are many different factors which impact on health and wellbeing.

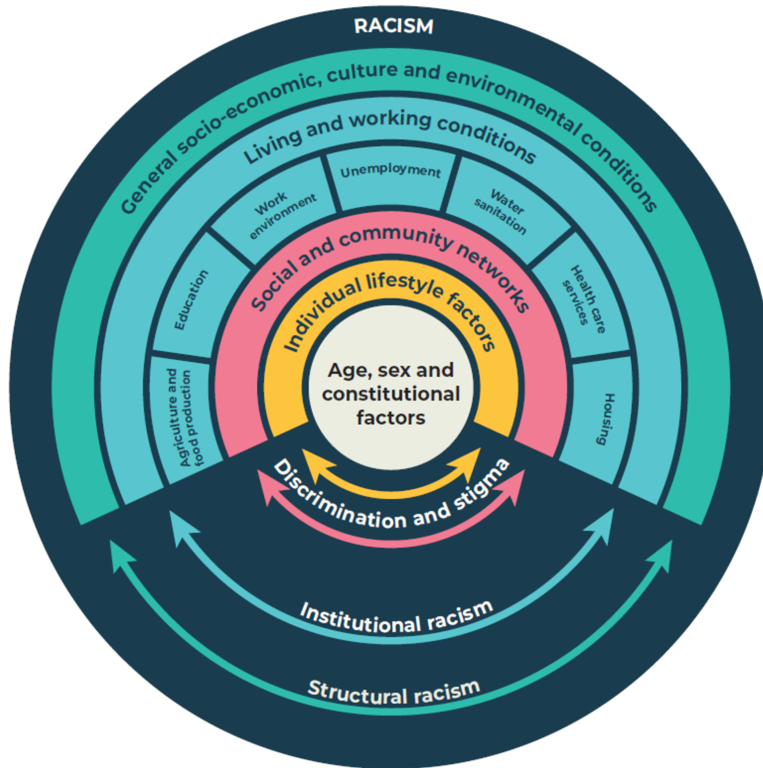
This strategy focuses on issues around financial resilience, social isolation and connection and mental health. These are not the only factors that will impact on health and wellbeing, but evidence and resident engagement shows that these are significant factors and that our attention should be focused on this.

Strategic Context

The Health and Care Act 2012 sets out the requirements for Health and Wellbeing Boards, for Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies to be developed in local areas. Under the Health and Social Care Act 2022, Joint Health and Wellbeing Strategies were renamed to Joint Local Health and Wellbeing Strategies (JLHWS).

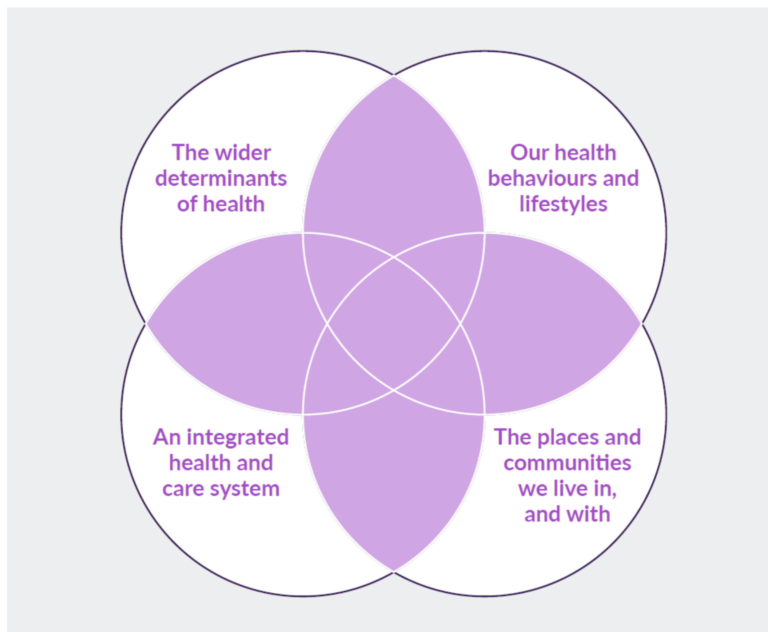
The purpose of JSNAs and JLHWSs are to improve the health and wellbeing of the local community and reduce inequalities across all ages. They are designed to develop local evidence-based priorities for partnership work and future commissioning which will improve the public's health and reduce inequalities. They are used to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs and to address wider determinants of health and wellbeing.

Health and wellbeing can change and is influenced by many different factors which interconnect. These factors include personal behaviours and choices, as well as broader social, economic, cultural and environmental conditions as shown in the diagram below. These are known as wider determinants of health.



Adapted from Dahlgren and Whitehead (1991)

The King's Fund 'population health' framework informed the development of this strategy. The framework groups together factors that can influence health and wellbeing and help define who might be involved in taking action in these areas.



The Kings Fund 2018 A Vision for Population Health

Integrated Health and Care Systems (ICS) were introduced in July 2022 and are designed to join up care to deliver better outcomes through working together. They are based on the premise that when local partners - the NHS, local authorities, the voluntary sector and others - work together it creates better services based on local need. The aim is to improve health and care services with a focus on prevention, better outcomes and reducing health inequalities. Locally the City of London Corporation (City Corporation) is part of the North East London ICS and at a place level is part of the City and Hackney Place Based Partnership.

The City of London Corporation's Corporate Plan for 2024 – 2029 focuses on six key outcomes including diverse, engaged communities and delivering excellent services. The Corporation also has a range of other strategies which link to this health and wellbeing strategy including a carers strategy and homelessness and rough sleeping strategy.

The City of London

The City of London is a unique place; a square mile which is the financial capital of the UK with over 600,000 workers, has world famous heritage and cultural assets and is home to 8,600 residents.

The majority of residents are of working age but there is overall high life expectancy and a growing older population. A strong social care offer means that people are supported to be independent in their own homes for longer with smaller numbers of people entering residential care later and for much shorter periods. There are a high number of single person households in the City of London – 51%[i] - many of whom will be older.

There is however variance in health and wellbeing across the City of London and some clear health inequalities, influenced by the wider determinants of health.

Although the City of London has significantly lower levels of income deprivation compared to the England average, there are significant pockets of deprivation with the Portsoken ward on the east of the City amongst the top 20% in the country for levels of deprivation. Overall, 16.8% of the City of London population are of Asian ethnic background and the Portsoken ward is also the most diverse ward and where the youngest population is fastest growing.

The 2021 Census showed that 65.9% of economically active residents in the City of London were in employment and 3.5% were unemployed and looking for work.

The City of London owns and manages social housing across London. Within the Square Mile, there are two social housing estates - Golden Lane and Middlesex - which comprise of a total of 793 homes and 194 homes provided by a housing association on the Mansell Street Estate.

The 2021 Census showed that there were 919 people (11%) in the City of London who were disabled under the Equality Act. This is the lowest percentage in London. Of these, 280 were limited a lot in their daily activities. 651 of these residents noted that they had a long-term physical or mental health condition but that it did not limit their day-to-day activities.

There is one maintained school in the City of London – Aldgate Primary School in the east. For secondary schools, young people attend schools outside the City boundaries. There are 23 City of London young people with an Education Health Care Plan and around 15% of young people receive Special Educational Need support in their school. There are currently 6 children who are looked after by the City Corporation and all of these young people are placed outside of the City of London boundaries. The City Corporation also supports 55 care leavers. Many of the Looked After Children, and subsequently care leavers, were Unaccompanied Asylum Seeking Children (UASC), and many have experienced significant trauma requiring mental health support.

The 600,000 workers in the City of London work in a mix of organisations ranging from large international companies to small to medium enterprises (SMEs). There is a hidden workforce within some of these organisations keeping offices and workspaces clean, safe and secure and providing essential services to businesses. Many people in these roles are more likely than other workers to be experiencing poor physical health, living with long term conditions, diagnosed with serious illnesses later than others, facing poor health outcomes and experiencing stress, anxiety and poor mental health.[ii] Many of these workers are sub-contracted through organisations contracted by the businesses. Businesses have the opportunity to support the health and wellbeing of their workers in a variety of ways.

In 2022/23, outreach services recorded 482 people sleeping on the streets of the Square Mile – the sixth highest level among London's local authorities. It is well known that people experiencing homelessness face significant health inequalities and poorer health outcomes.[iii]

The Census 2021 recorded 496 self-identified carers (6% of the population) in the City of London. Nearly a third of these (32%), provide 20 or more hours of unpaid care a week and 298 of total carers are aged over 50. 34 unpaid carers are supported through formal Adult Social Care Support Plans and around 100 are supported through commissioned services for carers and a peer support group.

The local JSNA is thematic and covers both the City of London and Hackney. It can be found here Home - City and Hackney Health and Wellbeing Profile (cityhackneyhealth.org.uk).

Strategy Progress

Since the last Joint Health and Wellbeing Strategy progress has included:

- Transition to new health structures with the establishment of Integrated Care Systems and local Place Based Partnerships
- Hosted pan-London schemes for sexual health and substance misuse detox
- Public Health has commissioned new services including health visiting and super youth hubs
- Continued to grow and develop the business healthy initiative
- Supported the development of the City Wellbeing Centre which provides therapeutic services on a pay what you can afford basis
- Commissioned services such as City Connections and subsequent pilot carers support service

- Continued development of the neighbourhood model designed to bring care closer to home, strengthen the resident voice and redesign services on to a more localised footprint

Significantly, the Covid-19 pandemic and its ongoing impact strengthened partnership working, changed some of our commissioned services to be more flexible and responsive and resulted in changed working practices such as hybrid working across businesses in the City of London.

Developing this Strategy

This strategy has been developed in a number of ways:

- A review of population health needs (both locally and nationally for comparison)
- Workshops with key stakeholders including one led by the Kings Fund and covering both the City of London and Hackney
- Engagement with residents and other stakeholders including an innovative Peer Research Programme which trained volunteers to undertake surveys with their networks and in their local communities. The survey focused on some of the issues around the cost of living crisis and carers but also explored issues such as the impact on mental health and issues around social isolation
- A formal 12-week consultation period

These processes helped identify the three key priorities set out in the section below. Under each priority, it sets out what the implementation of this strategy will achieve in addressing that priority and what will be done to secure those achievements.

Priorities

Increasing financial resilience

Why is this a priority

Financial insecurity and poverty are a major determinant of health inequalities and can have a significant impact on wellbeing. Poverty and financial stress have increased in recent years, and this is likely to continue for some time. People living with financial stress are at increased risk of experiencing mental health problems and lower mental wellbeing.[iv]

There are a number of key impacts in relation to health and wellbeing:

- The rising cost of living may accelerate an existing trend of stalling life expectancy in England, and falling life expectancy in some groups in the poorest communities[v]
- Increased risk of mental health issues when experiencing long-term financial difficulties (5.5 times more likely than someone not experiencing financial difficulties) [vi]
- Less sporting or recreational activities with 28% of the general population cancelling their regular sporting or recreational activities to save costs.[vii] This impacts on physical and mental health
- More reliance on lower cost foods which can increase the risk of obesity and diseases such as Type 2 diabetes

- Cutting back on heating can exacerbate conditions such as respiratory diseases and can cause strokes
- Financial insecurities exacerbated by chronic health conditions due to considerable income and expenditure changes related to accessing treatment

The City of London picture

The 2021 Census showed that the percentage of those who were economically active amongst City of London residents had dropped slightly from 69.3% in 2011 to 65.9%. There was a slight increase in residents who are economically active and looking for a job. The 2021 Census also showed that overall the City of London resident population has high levels of education with 74.2% of the population stating that they had a level 4 qualification or higher. However, there will be variation in this.

An employment project which ran in the City of London until Summer 2023 found that there were fewer people looking for employment support but more people wanting to progress in or change their employment. Insight from the Peer Research Programme also mirrored this.

The Peer Research Programme found that residents were interested in English and digital courses, flexible apprenticeship opportunities and paid volunteering.

There are over 600,000 people who work in the City of London. In the Peer Research findings, 62 (out of 137) respondents stated that they were working, the majority of these respondents were women and just over half worked outside of the City of London. All of these respondents lived in social housing but there was a divide between those who worked in the City of London and those who worked outside. The majority of residents who worked in the City of London worked full time in commercial cleaning, were of a white background and were not claiming benefits. Those who worked outside the City of London were in the main Asian, a third were claiming benefits and the majority worked part time in hospitality.

The Joseph Rowntree Foundation found that 44% of working-age adults who are caring for 35 hours or more a week were in poverty in 2022. A snapshot of caring by Carers UK found that 75% of carers in employment worry about continuing to juggle work and care.

There are already a number of initiatives in place in the City of London that help people to build financial resilience overall. This includes a commissioned advice service, a Food Pantry in the east of the City of London, a Green Doctors Scheme to help people save money through energy efficiency measures and an apprenticeship scheme.

To deliver this priority, over the next four years, we will focus on the following:

- Supporting people in existing employment to upskill and/or change jobs into better quality employment
- Securing opportunities for apprenticeships and internships through anchor organisations and businesses
- Promoting uptake of the full range of targeted statutory financial assistance that already exists
- Enabling other wrap around services to be provided at the Artizan Food Pantry
- Ensuring that residents are aware of entitlements available and are accessing them

- Promoting the provision of money and debt advice within health and care settings
- Utilising the Housing Support Fund (HSF) in an innovative way to meet need
- Implementing recommendations from the report 'Delivering better health outcomes for hidden workers'

Key actions to deliver these include:

- Further developing and expanding the scope of Making Every Contact Count (MECC) training and promoting the uptake of preventive services including smoking cessation, substance misuse treatment services and encouraging physical activity
- Exploring offering more personalised rent and Council Tax schedules to help low-income households with financial pinch points in the year such as Christmas and summer holidays
- Collaborating with health partners to link up advice services with health settings
- Collaborating with wider partners to provide services at the Food Pantry
- Working with health partners to link up apprenticeship opportunities in anchor institutions with local residents and City of London academies near anchor institutions such as Homerton Hospital
- Reviewing and updating information about support available to residents
- Increasing awareness of how to improve working conditions and access to services for hidden and essential workers in the City of London

Increasing social connection and reducing social isolation

Why is it a priority?

Social isolation and lack of social connection has a profound impact on individuals leading to increased loneliness, depression, anxiety, and other physical health issues, such as heart disease and the risk of early mortality. Research by the Campaign to End Loneliness states that social isolation can also contribute to cognitive decline, poor sleep quality, lower educational attainment and long-term unemployment.[viii] Additionally, the World Health Organisation states that the effects of social isolation are also comparable to well-established risk factors such as smoking, obesity, and physical inactivity[ix].

According to the Mental Health Foundation, 7% of UK adults report feeling 'often or always' lonely[x]. Although loneliness and social isolation are different experiences, many people who are socially isolated often feel lonely. This number has risen from 6% since the start of the Covid-19 pandemic highlighting an increasing trend.

While social isolation is more commonly considered in later life (WHO estimates that 1 in 4 older people experience social isolation[1]), it can occur at all stages of the life course.

Younger adults aged 16 to 29 years are more likely than those in older age groups to report feeling lonely 'often or always'. Research from the Co-Op Foundation found

that only 5% of young people say they never feel lonely.[xi] Other specific groups such as carers or single parents may also experience social isolation.

As we get older, risk factors that might lead to loneliness and social isolation can begin to increase and converge – once an individual has one risk factor, they may start having more. This can make the experience of loneliness hard to change, particularly in older age. Key risk factors associated with older age include (but are not limited to):

- Facing bereavement
- Living alone
- Living with limiting disabilities or illnesses
- Caring for a partner
- Physical and mental health difficulties, making it harder to participate in activities and maintain relationships
- Low fixed incomes, such as pensions, making activities unaffordable
- Digital exclusion
- Reduced mobility and loss of access to affordable, dependable, and/or suitable modes of transport

Of the 39 carers who contributed to the Peer Research, 26% said that they sometimes or always feel lonely in their role. Over half stated that their mental and physical health sometimes stopped them from carrying out their caring role.

There is also a growing body of evidence about 'social capital' which focuses on the value gained by connections between people and the impact that has on improving lives and health and both an individual and community level. This is an area of focus for work locally.

The City of London Picture

On behalf of NHS colleagues, Healthwatch City of London and the Older Peoples Reference Group (OPRG) ran a 'Big Conversation' focus group with seven older residents in August 2023. Participants reflected on isolation and highlighted that 'social isolation was a major factor in people's ability to cope with long-term conditions as well as the perceived lack of community and leaders that were once ingrained in the community.'

People are isolated through Covid or whatever and we need to reach out… guides within our community to both our young and our elder, they've all gone. Infrastructure is gone… The level of isolation that people feel and the ability for others to intervene in our lives and our children's lives in a positive way. So we have to quite literally reconstruct. A whole genuine community network.

It's a breakdown in the community side… these connections need to be re-established by local authorities, by voluntary organisations, by GP practices. And people with long term conditions tend to be those who are isolated by them as well as being isolated in the first place.

Physical activity is one avenue for people to make social connections. Sport England Research analysing data from 2021-22[xii] found that 'unlike Hackney, London and national averages, the City of London has experienced a statistically significant decrease in the proportion of active adults over the last two years. The decrease began during the Covid-19 pandemic and has continued at a similar rate since then. In contrast, Hackney has maintained a relatively stable active population.'[xiii]

Age UK research into the risk of loneliness, which can be linked to social isolation, found that residents age 65 years and above in the majority of wards within the City of London are at medium risk of loneliness, however those in the north end of the Cripplegate Ward are at high risk and those in the Portsoken Ward are at very high risk of loneliness.[xiv]

Research carried out on behalf of the City of London in 2019 found of the residents in our social housing estates across London, approximately 31%, stated they experienced forms of loneliness and social isolation.[xv]

City Connections, an early intervention and prevention service, commissioned by the City Corporation, is available to those who may be socially isolated. Although their outcomes and satisfaction survey data does not specifically mention social isolation, it does show that residents are reporting improvements in quality of life, independence, and physical and mental health. The Library Service also delivers a range of activities and initiatives that can help tackle social isolation.

The City Corporation, along with key stakeholders, recently established a task and finish group to look at social isolation in the City of London. It concluded there was a need to equip stakeholders to better identify potential social isolation and address this, that awareness of existing initiatives needed to be raised and that some of the initiatives may need to be more specifically targeted.

To deliver this priority, over the next four years, we will focus on the following:

- Embedding tackling social isolation and promoting social connection within relevant service plans, strategies, policies, programme and commissioned services across partner organisations
- Equipping partners to better identify City of London residents at risk of social isolation
- Raising awareness amongst residents of initiatives that support social connection and tackle social isolation
- Increasing social capital in the City of London
- Increasing physical activity

Key actions to deliver these include:

- Further developing and expanding the scope of Making Every Contact Count (MECC) training
- Piloting a befriending service in the City of London
- Being an active participant in the Public Health Social Capital Project
- Reviewing and updating existing awareness raising methods around initiatives
- Undertaking a project to strengthen the voluntary and community sector in the City of London to help meet some of this need

- Working together to promote more physical activity options and support people to access them

Improving mental health

Why is this a priority?

There are significant economic and social costs of mental ill health. Research by the Centre for Mental Health[xvi] estimated the following for 2022:

- Economic costs (£110bn): loses to the economy due to mental ill health. These include the business costs of sickness as well as staff turnover and worklessness amongst people with mental ill health difficulties
- Human costs (£130bn): the value, expressed in monetary terms, of reduced quality of life among people living with mental health difficulties
- Health and care costs (£60bn): the costs of providing health and care services for people with mental health difficulties. This includes support provided by public services, privately-funded health care and informal care provided by families and friends

The World Health Organisation defines mental health as a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It notes that throughout our lives, multiple individual, social and structural determinants may combine to protect or undermine our mental health and shift our position on the mental health continuum. Risks can manifest themselves at all stages of life, but those that occur during developmentally sensitive periods, especially early childhood, are particularly detrimental. Protective factors similarly occur throughout our lives and serve to strengthen resilience. They include our individual social and emotional skills and attributes as well as positive social interactions, quality education, decent work, safe neighbourhoods and community cohesion, among others.[xvii]

Therefore promotion, prevention and treatment are all important aspects of mental health.

Nationally, an estimated 1 in 6 adults have experienced a 'common mental health disorder' like depression or anxiety in the past week and around 20% of children aged 7 to 16 had a probable mental health condition in 2023, up from 12% in 2017.[xviii]

ONS monitoring showed that severe to moderate depressive symptoms among adults nationally rose from 10% in the period right before the pandemic rising to 21% by Q4 2020/21 and was slowly improving by Q2 2022/23 at 16%. It was highest amongst certain groups including people who were economically inactive, unpaid carers, disabled people and people with lower incomes. Findings also indicate some association between cost of living indicators and the prevalence of depression and was higher among adults who found it harder to afford their energy bills.[xix] It is known that some of this impact is continuing.

The City of London Picture

A new mental health needs assessment is currently being undertaken across City and Hackney which will give an updated picture of mental health need across the City.

What is evident though is that following the national trends noted above, mental health needs have increased since the pandemic and for some are more complex and severe.

A specific issue for the City of London is the mental health needs of rough sleepers and the access to specialist services to address this. Meeting the physical and mental health needs of rough sleepers is a priority of the City Corporation's work and is reflected in the Homelessness and Rough Sleeping Strategy. It is also reflected in the work of Adult Social Care where many of our supported living placements provide mental health support to former rough sleepers.

Children and Young People's mental health also reflects the pattern nationally and there are significant pressures on local Child and Adolescent Mental Health Services (CAMHS) as elsewhere.

The City Corporation is part of the Mental Health Integration Committee (MHIC) which sits at a place based partnership level and aims to ensure that local mental health needs are effectively met, and good mental health promoted. This Committee is currently reviewing its scope and strategic objectives.

The City Corporation facilitated an innovative model for providing access to therapeutic services through the City Wellbeing Centre enabling people to pay what they can afford, making it more accessible to low income households and the hidden workforce.

Suicide prevention is also a key priority for the City Corporation with a dedicated workstream led by Members and Senior Officers.

To deliver this priority, over the next four years, we will focus on the following:

- Shaping the MHIC to ensure its strategic objectives reflect needs in the City of London
- Collaborating to ensure a stronger local offer around mental health services to meet City of London needs within the context of the local neighbourhood model
- Building in promotion of good mental health across partner strategies, policies, programmes and commissioned services
- Strengthening the evidence base on mental health and ill health across the City of London
- Ensuring emotional wellbeing for different groups as reflected in other strategies e.g. Carers Strategy and Emotional Wellbeing Strategy
- Collaborating to meet the mental health needs of rough sleepers (reflected in the Homelessness and Rough Sleeping Strategy)
- Promoting and enabling self-help and prevention
- Collaborating with partners in the suicide prevention workstream

Key actions to deliver these include:

- Working with partners to shape the MHIC
- Represent the mental health needs of the City of London at the Place Based Partnership

- Work with colleagues to develop a detailed evidence base on mental health across the life span in the City of London
- Reviewing the self-help and prevention offer and ensuring this is promoted

Implementation

This strategy is delivered in the context of legislative requirements to deliver a JLHWS and tackling health inequalities locally.

It sits within the context of local integrated working and as such will be built on collaboration and partnership working. Delivery of the strategy and its actions will help meet the objectives of the City Corporation's Corporate Plan and the objectives of other local partners.

The JLHWS is agreed, renewed and monitored by the City of London Health and Wellbeing Board.

A Partnership Action Plan will be developed from this strategy and the Health and Wellbeing Board will receive regular updates on its progress.

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EQUALITY ANALYSIS (EA) TEMPLATE

Decision *Joint Local Health and Wellbeing Stratgy* Date *April 2024*

What is the Public Sector Equality Duty (PSED)?

The Public Sector Equality Duty (PSED) is set out in the Equality Act 2010 (s.149). This requires public authorities, in the exercise of their functions, to have 'due regard' to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not, and
  Foster good relations between people who share a protected characteristic and those who do not

The characteristics protected by the Equality Act 2010 are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex (gender)
- Sexual orientation

What is due regard?

- It involves considering the aims of the duty in a way that is proportionate to the issue at hand
- Ensuring real consideration is given to the aims and the impact of policies with rigour and with an open mind in such a way that is influences the final decision

The general equality duty does not specify how public authorities should analyse the effect of their business activities on different groups of people. However, case law has established that equality analysis is an important way public authorities can demonstrate that they are meeting the requirements.

Case law has established the following principles apply to the PSED:

- **Knowledge** – the need to be aware of the requirements of the Equality Duty with a conscious approach and state of mind.
- **Sufficient Information –** must be made available to the decision maker.
- **Timeliness –** the Duty must be complied with before and at the time that a particular policy is under consideration or decision is taken not after it has been taken.
- **Real consideration –** consideration must form an integral part of the decision-making process. It is not a matter of box-ticking; it must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- **Sufficient information** – the decision maker must consider what information he or she has and what further information may be needed in order to give proper consideration to the Equality Duty.
- **No delegation –** public bodies are responsible for ensuring that any third parties which exercise functions on their behalf are capable of complying with the Equality Duty, are required to comply with it, and that they do so in practice. It is a duty that cannot be delegated.
- **Review –** the duty is not only applied when a policy is developed and decided upon, but also when it is implemented and reviewed.

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• Due regard should be given before and during policy formation and when a decision is taken including cross cutting ones as the impact can be cumulative.	

What is an Equality Analysis (EA)?

An equality analysis is a risk assessment tool that examines whether different groups of people are, or could be, disadvantaged by service provision and decisions made. It involves using quality information, and the results of any engagement or consultation with particular reference to the protected characteristics to understand the actual effect or the potential impact of policy and decision making decisions taken.

The equality analysis should be conducted at the outset of a project and should inform policy formulation/proposals. It cannot be left until the end of the process.

The purpose of the equality analysis process is to:

- Identify unintended consequences and mitigate against them as far as possible, and
- Actively consider ways to advance equality and foster good relations.

The objectives of the equality analysis are to:

- Identify opportunities for action to be taken to advance quality of opportunity in the widest sense;
- Try and anticipate the requirements of all service users potentially impacted;
- Find out whether or not proposals can or do have any negative impact on any particular group or community and to find ways to avoid or minimise them;
- Integrate equality diversity and inclusion considerations into the everyday business and enhance service planning;
- Improve the reputation of the City Corporation as an organisation that listens to all of its communities;

However, there is no requirement to:

- Produce an equality analysis or an equality impact assessment
- Indiscriminately collect diversity data where equalities issues are not significant
- Publish lengthy documents to show compliance
- Treat everyone the same. Rather, it requires public bodies to think about people's different needs and how these can be met
- Make service homogenous or to try to remove or ignore differences between people.

An equality analysis should indicate improvements in the way policy and services are formulated. Even modest changed that lea to service improvements are important. In it is not possible to mitigate against any identified negative impact, then clear justification should be provided for this.

By undertaking and equality analysis officers will be able to:

- Explore the potential impact of proposals before implementation and improve them by eliminating any adverse effects and increasing the positive effects for equality groups
- Contribute to community cohesion by identifying opportunities to foster good relations between different groups
- Target resource more effectively
- Identify direct or indirect discrimination in current policies and services and improve them by removing or reducing barriers to equality

• Encourage greater openness and public involvement.	

How to demonstrate compliance

The Key point about demonstrating compliance with the duty are to:

- Collate sufficient evidence to determine whether changes being considered will have a potential impact on different groups.
- Ensure decision makers are aware of the analysis that has been undertaken and what conclusions have been reached on the possible implications.
- Keep adequate records of the full decision making process.

In addition to the protected groups, it may be relevant to consider the impact of a policy, decision or service on other disadvantaged groups that do not readily fall within the protected characteristics, such as children in care, people who are affected by socio-economic disadvantage or who experience significant exclusion or isolation because of poverty or income, education, locality, social class or poor health, ex-offenders, asylum seekers, people who are unemployed, homeless or on a low income.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve making use of an exception or the positive action provisions in order to provide a service in a way which is appropriate for people who share a protected characteristic – such as providing computer training to older people to help them access information and services.

Taking account of disabled people's disabilities

The Equality Duty also explicitly recognises that disabled people's needs may be different from those of non-disabled people. Public bodies should therefore take account of disabled people's impairments when making decisions about policies or services. This might mean making reasonable adjustments or treating disabled people better than non-disabled people in order to meet their needs.

Deciding what needs to be assessed

The following questions can help determine relevance to equality:

- Does the policy affect service users, employees or the wider community, including City businesses?
- How many people are affected and how significant is the impact on them?
- Is it likely to affect people with particular protected characteristics differently?
- Is it a major policy, significantly affecting how functions are delivered?
- Will the policy have a significant impact on how other organisations operate in terms of equality?
- Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?
- Does the policy relate to an area with known inequalities?
- Does the policy relate to any equality objectives that have been set?

Consider:

- How the aims of the policy relate to equality.
- Which aspects of the policy are most relevant to equality?
- Aims of the general equality duty and which protected characteristics the policy is most relevant to.

If it is not clear if a policy or decision needs to be assessed through an equality analysis, a Test of Relevance screening tool has been designed to assist officers in determining whether or not a policy or decision will benefit from a full equality analysis.

Completing the Test of Relevance screening also provides a formal record of decision making and reasoning. It should be noted that the PSED continues up to and after the final decision is taken and so any Test of Relevance and/or full Equality Analysis should be reviewed and evidenced again if there is a change in strategy or decision.

Role of the assessor

An assessor's role is to make sure that an appropriate analysis is undertaken. This can be achieved by making sure that the analysis is documented by focussing on identifying the real impact of the decision and set out any mitigation or improvements that can be delivered where necessary.

Who else is involved?

Chief Officers are responsible for overseeing the equality analysis proves within departments to ensure that equality analysis exercises are conducted according to the agreed format and to a consistent standard. Departmental equality representatives are key people to consult when undertaking an equality analysis.

Depending on the subject it may be helpful and easier to involve others. Input from another service area or from a related area might bring a fresh perspective and challenge aspects differently.

In addition, those working in the customer facing roles will have a particularly helpful perspective. Some proposals will be cross-departmental and need a joint approach to the equality analysis.

How to carry out an Equality Analysis (EA)

There are five stages to completing an Equality Analysis, which are outlined in detail in the Equality Analysis toolkit and flowchart:

2.1 Completing the information gathering and research stage – gather as much relevant equality-related information, data or research as possible in relation to the policy or proposal, including any engagement or consultation with those affected;

2.3 – Developing an action plan – set out the action you will take to improve the positive impact and / or the mitigation action needed to eliminate or reduce any adverse impact that you have identified;

2.4 Director approval and sign off of the equality analysis – include the findings from the EA in your report or add as an appendix including the action plan;

2.2 Analyse the evidence – make and assessment of the impact or effect on different equality groups;	**2.5 Monitor and review –** monitor the delivery of the action plan and ensure that changes arising from the assessment are implemented.

The Proposal

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1. What is the Proposal

The City of London Joint Local Health and Wellbeing Strategy (JLHWS) 2024 - 2028

2. What are the recommendations?

The Strategy is built around 3 key priorities:

- Increasing financial resilience
- Increasing social connectedness and tackling social isolation
- Improving mental health

3. Who is affected by the Proposal? *Identify the main groups most likely to be directly or indirectly affected by the recommendations.*

Joint Strategic Needs Assessments (JSNAs) and JLHWS are statutory requirements under the Health and Care Act 2012 and the purpose of JSNAs and JLHWSs are to improve the health and wellbeing of the local community and reduce inequalities across all ages.

The priorities of this strategy are designed to reflect and meet need across all City of London residents, and in some areas relates to workers in the City of London.

Age

Check this box if NOT applicable ☐

Age - Additional Equalities Data (Service Level or Corporate)

Census data from 2021 shows that of the 8,600 population in the City of London, the majority are of working age. 8% (657) of the population are aged under 18 and 14% (1204) of the population are aged over 65.

Financial resilience: As noted above, the majority of the City of London resident population are of working age. Across protected characteristics, local evidence suggests that many City of London residents would like to upskill and improve their career prospects. There is a wealth of evidence that suggests social mobility and progressing with careers can be experienced differently by different protected characteristics. With the cost of living crisis, financial resilience is a key issue and can specifically impact on older people. The impact of the proposal is therefore positive

Social connection and isolation: Evidence referenced in the strategy shows that risk factors for social isolation are likely to increase with age and that once one factor is present, other factors then have more of an impact. However, social isolation and lack of connection can occur at all lifestages and for a range of different reasons. Given the profile of population in the City of London and anecdotal evidence shows that social isolation is an issue in the City of London therefore the impact is positive.

Improving mental health: Mental health and wellbeing is important across the lifecycle and other interconnecting factors such as social isolation will have an impact. Evidence suggests that the impact of the Covid-19 pandemic has been significant in terms of mental health and wellbeing and demand for Mental Health services, particularly in Child and Adolescent Mental Health Services has increased. Mental Health and Wellbeing is also a specific issue within certain cohorts within the City of London such as our Looked After Children and Care Leavers, many of whom have experienced trauma as Unaccompanied Asylum Seeking Children. Therefore this is considered to have a positive impact.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Financial resilience:

The strategy will need to:

- Promote existing opportunities and support through a range of networks
- Secure further opportunities for apprenticeships and internships through anchor organisations and businesses and promote these through a range of networks

Social connection and isolation:

The strategy will need to:

- Equip partners to better identify City of London residents at risk of social isolation and signpost them to support
- Consider if any targeted / specific social isolation support is required for any particular and signpost accordingly (e.g. men's project in east of City)

Improving mental health:

The strategy will need to:

- Shape robust identification and understanding of mental health and wellbeing needs in the City of London and advocate for different ways these could be met
- Promote prevention and self-help in a variety of ways

Key borough statistics:	
Included above	

Disability

Check this box if NOT applicable ☐

Disability - Additional Equalities Data (Service Level or Corporate) *Include data analysis of the impact of the proposals*
Click or tap here to enter text.

What is the proposal's impact on the equalities aim?

The 2021 Census showed that there were 919 people (11%) in the City of London who were disabled under the Equality Act. This is the lowest percentage in London. Of these, 280 were limited a lot in their daily activities. 651 of these residents noted that they had a long-term physical or mental health condition but that it did not limit their day-to-day activities.

Financial resilience: Research by Disability Rights UK found three-in-ten (27%) of Disabled households are in serious financial difficulty, compared to one-in-ten (11%) of non-disabled households. Nearly one-in-three (29%) Disabled people said that 'it is a constant struggle' to meet bills and credit commitments, with a third (33%) saying they were struggling just to pay for food or other necessary expenses.

There are other intersectionalities here which impacted on disabled people's financial wellbeing including age and income.

Other findings suggested that not being able to purchase medical treatment or medication has become a worrying new trend. Nearly a third of Disabled people (32%) had avoided going to the dentist or receiving dental treatment because of the cost, while a quarter (25%) had cut down or stopped receiving medical services that they had been paying privately for – such as counselling or physiotherapy.

Data from Employment Outcomes For Disabled People in the UK: 2021 Between July and September 2021, 53.5% of disabled people aged 16 to 64 years in the UK were employed compared with 81.6% of non-disabled people. While similar patterns were seen for both sexes, a larger gap was seen in the employment rate between disabled and non-disabled men (31.1 percentage points) than for women (24.8 percentage points).

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Financial resilience:

The strategy will need to:

- Explore if a more robust data base on disabled people and financial resilience can be developed in the City of London
- Promote existing opportunities and support through a range of networks

There is no specific data on financial resilience of disabled people in the City of London. Therefore the impact is currently neutral **Social connection and isolation:** ONS data shows that in the year ending March 2018, 13.3% of disabled people reported that they felt lonely “often or always”, compared with only 3.4% for non-disabled people. Again, there is likely to be some intersectionality here with other factors such as financial resilience, age, gender and race. There is no specific qualitative City of London data on social isolation of disabled people in the City of London. Therefore the impact is currently neutral **Improving mental health:** The Equality Act says you have a disability if you have a physical or mental impairment that has a substantial, adverse, and long-term effect on your ability to carry out normal day-to-day activities. Where mental health conditions impact on people’s ability to carry out normal day-to-day activities they may consider themselves disabled. Similarly, disabled people may also experience poorer mental health as a result of other conditions or their situation. Again, there is likely to be some intersectionality here with other factors such as financial resilience, age, gender and race. There is no specific City of London data on mental health and wellbeing of disabled people in the City of London. Therefore the impact is currently neutral	**Social connection and isolation:** The strategy will need to: • Equip partners to better identify City of London residents at risk of social isolation and signpost them to support • Consider if any targeted / specific social isolation support is required for any particular group and signpost accordingly **Improving mental health:** The strategy will need to: • Shape robust identification and understanding of mental health and wellbeing needs in the City of London and advocate for different ways these could be met
Key borough statistics: Included above	

Gender Reassignment

Check this box if NOT applicable ☐

Gender Reassignment - Additional Equalities Data (Service Level or Corporate)

What is the proposal’s impact on the equalities aim?

92.07% of the City of London population that completed the Census 2021 stated their gender as being the same as their sex registered at birth.
0.11% reported sex being different to that registered at birth but did not specify identity
0.15% reported as a trans woman
0.06% reported as a trans man
0.15% reported as non-binary groi
0.01% reported as all other gender identities

There is a lack of further data on this community within the City of London. National data suggests that there are likely to be some mental health issues and / or social isolation experienced by the LGBTQIA+ community.

Due to lack of further data, we would conclude that there is a neutral impact of the proposals on this protected characteristic.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Many of the proposals and proposed actions in the strategy will be available and accessible to all.

Data will be kept under review to monitor any emerging specific needs within this protected characteristic group.

Key borough statistics:

Included above

Pregnancy and Maternity

Check this box if NOT applicable ☐

Pregnancy and Maternity - Additional Equalities Data (Service Level or Corporate) *Include data analysis of the impact of the proposals*

Click or tap here to enter text.

What is the proposal’s impact on the equalities aim?

There are around 50 births a year in the City of London.

Financial resilience: Peer research at the University of Bristol with mothers, exploring financial resilience found that key insights on the factors that were most helping or hindering from building financial resilience. These included:

- Constantly juggling
- Shouldering responsibility and
- Getting advice and support.

It is well documented that pregnancy can lead to discrimination in terms of employment and subsequently the potential impact of parenthood on career progression and infrastructure issues such as the cost of childcare.

There is no specific City of London data on the financial resilience of those who are pregnant or in a maternity period and therefore the impact is neutral.

Social connection and isolation: There is a range of national research and evidence which demonstrates some of the intersectionality of pregnancy, maternity, mental health and social isolation. This includes societal expectations about motherhood, changes of life and identify, financial resilience, especially in single parents and the demands of parenthood.

There is no specific City of London data on this intersectionality and therefore the impact is neutral.

Improving mental health: Research by NICE reported that Women can develop mental ill health for the first time during pregnancy, and pre-existing mental health conditions can get worse in the perinatal period. Perinatal mental health problems affect up to 20% of women.

There is some data regarding peri-natal health but this is at a City and Hackney partnership level.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

As noted opposite, there are a small number of births in the City of London and a lack of detailed qualitative and quantitative data about their experiences in pregnancy and maternity.

However, the strategy will need to ensure that:

- In any work on the three priorities of the strategy, this group is considered

Key borough statistics Included above	

Race

Check this box if NOT applicable ☐

Race - Additional Equalities Data (Service Level or Corporate) *Include data analysis of the impact of the proposals Click or tap here to enter text.*

What is the proposal's impact on the equalities aim?

Overall, the majority of the population of the City of London is white (69.4%). 16.8% of the population are Asian and the Portsoken ward on the east of the City of London is the most diverse ward (at around 40%) and where the youngest population is fastest growing. The Black population is the City of London is the next largest global majority group at 2.7%

Financial resilience: The Financial Conduct Authority (FCA) found undertook research that showed Lower income households, younger adults and those from certain global majority communities are more likely to have low resilience or be in financial difficulty in May 2022. It found that you are nearly twice as likely as the UK average (24%) to have low financial resilience, if you are Black (44%). Black adults were also almost twice as likely to have said that they find keeping up with their domestic bills and credit commitments to be a heavy burden (27%, compared with 15% of all UK adults).

There is evidence from initiatives such as peer research and this bears out some of the national evidence above. Any work on financial resilience will have a positive impact on this protected characteristic.

Social connection and isolation: Mental Health Foundation research found that while anyone can experience loneliness, certain risk factors increase our chances of severe and lasting loneliness that can affect our mental health this includes being from a global majority community. Research also suggests that

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Financial resilience:

The strategy will need to:

- Promote existing opportunities and support through a range of networks
- Secure further opportunities for apprenticeships and internships through anchor organisations and businesses and promote these through a range of networks

Social connection and isolation:

The strategy will need to:

- Equip partners to better identify City of London residents at risk of social isolation and signpost them to support
- Consider if any targeted / specific social isolation support is required for any particular group and signpost accordingly (e.g. men's project in east of City)

Improving mental health:

The strategy will need to:

- Shape robust identification and understanding of mental health and wellbeing needs in the City of London and advocate for different ways these could be met

racism can be a contributing factor to social isolation. There is no specific City of London data on this so the impact is currently neutral. **Improving mental health:** The Mental Health Foundation on notes that as well as the factors that can affect everyone's mental health, people from global majority communities may also contend with racism, inequality and mental health stigma. It also notes that rates of mental ill health can be higher for some global majority groups. For example: • Black men are more likely to have experienced a psychotic disorder in the previous year than white men. • Black people are four times more likely to be detained under the Mental Health Act than white people • Refugees and asylum seekers are more likely to experience mental health problems than the general population, including higher rates of depression, anxiety and PTSD. There is no detailed analysis of this data for the City of London but there is a project underway to improve data on City residents who receive mental health services and support. At the present time the impact is neutral.	• Promote prevention and self-help in a variety of ways
Key borough statistics: Included above	

Religion or Belief

Check this box if NOT applicable ☐

Religion or Belief - Additional Equalities Data (Service Level or Corporate)

What is the proposal's impact on the equalities aim?	**What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?**
Census 2021 data shows that amongst City of London residents, 43.8% had no religion, 34.7% were Christian and 6.3% were Muslim. These were the biggest groups in the census with other religions making up the remainder of the population. There is limited information available on the interaction of religion and belief with financial resilience, social isolation and mental health although some evidence that organised religion offers positive factors around social isolation and mental health.	
Key borough statistics – sources include: Included above	

Sex

Check this box if NOT applicable ☐

Sex - Additional Equalities Data (Service Level or Corporate)

What is the proposal's impact on the equalities aim?	**What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?**
The census 2021 showed that the City of London population comprised of 4,800 males and 3,800 females (56% and 44% respectively) **Financial resilience:** FCA data shows that the UK average for financial resilience was	**Financial resilience:** The strategy will need to:

24% in 2022. For women, this was 28%. Similarly, for financial difficulty the UK average was 8% and for women 9%.

Social connection and isolation: Research by Age UK found that older women are more likely to report feeling lonely than older men do, but this does not mean that men aren't experiencing loneliness or social isolation.

- Women may feel more able to admit they're lonely.
- Women are more likely to live longer than men and experience life events, like losing their partner, which can cause loneliness.
- Women are more likely to have wider social networks than men across their lifetime.
- Older men in heterosexual relationships are more likely to rely on their female partner for maintaining social networks.
- A greater percentage of older men (50+) report moderate to high levels of social isolation.
- Older men without partners report higher levels of loneliness and isolation than women without partners.

Improving mental health: Although the data is old, it is likely to still be relevant. The Mental Health Foundation reported that:

- rates of common mental health problems in England steadily increased in women and remained largely stable in men with around 1 in 5 women and 1 in eight men
- Men report lower levels of life satisfaction than women, according to the government's national wellbeing survey.
- Men are less likely to access psychological therapies than women
- The majority of rough sleepers are men. Mental health and substance misuse are common issues amongst the rough sleeping population.
- Men are more likely than women to become dependent on alcohol and three times are likely to report frequent drug use
- Men are more likely to be compulsorily detained (or 'sectioned') for treatment than women
- Men make up the vast majority of the prison population. There are high rates of mental health problems and increased rates of self-harm in prisons

- Promote existing opportunities and support through a range of networks

Social connection and isolation:

The strategy will need to:

- Equip partners to better identify City of London residents at risk of social isolation and signpost them to support
- Consider if any targeted / specific social isolation support is required for any particular and signpost accordingly (e.g. men's project in east of City)

Improving mental health:

The strategy will need to:

- Shape robust identification and understanding of mental health and wellbeing needs in the City of London and advocate for different ways these could be met
- Promote prevention and self-help in a variety of ways

Key borough statistics: Included above	

Sexual Orientation

Check this box if NOT applicable ☐

Sexual Orientation - Additional Equalities Data (Service Level or Corporate) *Include data analysis of the impact of the proposals*

What is the proposal's impact on the equalities aim?

Data from the census 2021 for the City of London showed:

79.28% of City residents that undertook the census 2021 identified as heterosexual or straight.
7.58% identified as gay or lesbian
2.31% identified as bisexual
0.29% identified as pansexual
0.06% identified as asexual
0.10% identified as queer
0.01% identified as all other sexual orientations

10.37% did not answer.

Financial resilience: There is limited evidence and research about financial resilience within the LGBTQIA+ community either nationally or locally. Therefore the impact is considered neutral.

Social connection and isolation: A range of research suggests that social isolation is an issue within LGBTQIA+ communities and particularly amongst younger and older people. There is a lack of detailed data on this in relation to the City of London population and therefore the impact is considered neutral.

Improving mental health: The Mental Health Foundation report that Being LGBTIQ+ doesn't automatically mean someone will have mental health issues but may mean they're at higher risk of experiencing poor mental health.

A study by Stonewall found that over the previous year:

- half of LGBTIQ+ people had experienced depression, and three in five had experienced anxiety

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Financial resilience:

The strategy will need to:
- Promote existing opportunities and support through a range of networks

Social connection and isolation:

The strategy will need to:
- Equip partners to better identify City of London residents at risk of social isolation and signpost them to support
- Consider if any targeted / specific social isolation support is required for any particular community and signpost accordingly

Improving mental health:

The strategy will need to:
- Shape robust identification and understanding of mental health and wellbeing needs in the City of London and advocate for different ways these could be met

• one in eight LGBTIQ+ people aged 18 to 24 had attempted to end their life • almost half of trans people had thought about taking their life There is no specific data on this related to the City of London so the impact is considered to be neutral.	
Key borough statistics: Included above	

Marriage and Civil Partnership

Check this box if NOT applicable X

Marriage and Civil Partnership - Additional Equalities Data (Service Level or Corporate)

What is the proposal's impact on the equalities aim?	What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?
Key borough statistics – sources include:	

Additional Impacts on Advancing Equality and Fostering Good Relations

Check this box if NOT applicable ☐

Additional Equalities Data (Service Level or Corporate) *Click or tap here to enter text.*
Are there any additional benefits or risks of the proposals on advancing equality and fostering good relations not considered above? None *Click or tap here to enter text.*
What actions can be taken to avoid or mitigate any negative impact on advancing equality or fostering good relations not considered above? Provide details of how effective the mitigation will be and how it will be monitored. *Click or tap here to enter text.*
This section seeks to identify what additional steps can be taken to promote these aims or to mitigate any adverse impact. Analysis should be based on the data you have collected above for the protected characteristics covered by these aims. In addition to the sources of the information highlighted above – you may also want to consider using: • Equality monitoring data in relation to take-up and satisfaction of the service • Equality related employment data where relevant • Generic or targeted consultation results or research that is available locally, London-wide or nationally • Complaints and feedback from different groups.

Version Control Version:1.2
Author: Amanda Lee-Ajala

Last updated: 1 February 2022
Date of next review: 1 March 2023

Additional Impacts on Social Mobility

Check this box if NOT applicable ☐

Additional Social Mobility Data (Service level or Corporate) *Click or tap here to enter text.*
Are there any additional benefits or risks of the proposals on advancing Social Mobility? None
What actions can be taken to avoid or mitigate any negative impact on advancing Social Mobility not considered above? Provide details of how effective the mitigation will be and how it will be monitored. *Click or tap here to enter text.*
This section seeks to identify what additional steps can be taken to promote the aims or to mitigate any adverse impact on social mobility. This is a voluntary requirement (agreed as policy by the Corporation) and does not have the statutory obligation relating to protected characteristics contained in the Equalities Act 2010. Analysis should be based on the data you have available on social mobility and the access of all groups to employment and other opportunities. In addition to the sources of information highlighted above – you may also want to consider using: • Social Mobility employment data • Generic or targeted social mobility consultation results or research that is available locally, London-wide or nationally • Information arising from the Social Mobility Strategy/Action Plan and the Corporation's annual submissions to the Social Mobility Ind

Conclusion and Reporting Guidance

Set out your conclusions below using the EA of the protected characteristics and submit to your Director for approval. If you have identified any negative impacts, please attach your action plan to the EA which addresses any negative impacts identified when submitting for approval. If you have identified any positive impacts for any equality groups, please explain how these are in line with the equality aims.	Review your EA and action plan as necessary through the development and at the end of your proposal/project and beyond. Retain your EA as it may be requested by Members or as an FOI request. As a minimum, refer to any completed EA in background papers on reports, but also include any appropriate references to the EA in the body of the report or as an appendix.

This analysis has concluded that …

Click or tap here to enter text.

Outcome of analysis – check the one that applies

☒ **Outcome 1**

No change required where the assessment has not identified any potential for discrimination or adverse impact and all opportunities to advance equality have been taken.

☐ **Outcome 2**

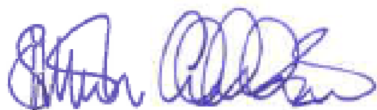
Adjustments to remove barriers identified by the assessment or to better advance equality. Are you satisfied that the proposed adjustment will remove the barriers identified.

☐ **Outcome 3**

Continue despite having identified some potential adverse impacts or missed opportunities to advance equality. In this case, the justification should be included in the assessment and should be in line with the duty to have 'due regard'. For the most important relevant policies, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact.

☐ **Outcome 4**

Stop and rethink when an assessment shows actual or potential unlawful discrimination.

Signed off by Director:		Name:	*Simon Cribbens – Assistant Director of Commissioning & Partnerships*	Date	*18/04/2024*

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Committee(s): Health and Wellbeing Board	Dated: 03/05/2024
Subject: Better Care Fund Q3 Return	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	Providing Excellent Services
Does this proposal require extra revenue and/or capital spending?	**N**
If so, how much?	**N/A**
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	**N/A**
Report of: Judith Finlay, Executive Director, Community and Children's Services	**For Decision**
Report author: Ellie Ward, Head of Strategy and Performance, Community and Children's Services	

Summary

The Better Care Fund programme supports local systems to deliver the integration of health and social care in a way that supports person centred care, sustainability and better outcomes for people and carers.

The Fund is based on a pooled budget of funding from Integrated Care Boards and local authorities. Local systems are required to produce plans for the BCF which must be signed off by local Health and Wellbeing Boards.

The plans are governed by a policy framework and requirements set out by the Department of Health and Social These were submitted in June 2023 and received approval from the Department in September 2023.

Quarterly reports on progress of the plans and metrics are required and these must be signed off by the Health and Wellbeing Board. This report seeks approval for the Q3 Better Care Fund return.

Recommendation(s)

Members are asked to:

- Approve the Better Care Fund Quarter 3 return

Main Report

Background

1. The Better Care Fund (BCF) was established in 2013 and encourages integration by requiring Integrated Care Boards (ICBs) and local authorities to enter into pooled budget arrangements and agree an integrated spending plan.

2. Every year, local systems agree how the money will be spent within criteria set out by the Department of Health and Social Care (DHSC) and produce plans in accordance with BCF policy and requirements. A key component of the requirements focus on supporting hospital discharge and out of hospital care.

3. City of London Corporation BCF plans were submitted in June 2023 and approved by the DHSC in September 2023.

4. The City Corporation is required to report quarterly on progress with the plans and these progress reports must be approved by the Health and Wellbeing Board (HWBB).

Current Position

5. For 2023/24, the pooled budget is £1,303,408, consisting of an NHS contribution of £897,282 and a City of London Corporation (City Corporation) contribution of £406,126. This increases in 2024/25 to £1,387,981 consisting of £952,531 and £435,450 respectively. The City Corporation does not put in any additional funds.

6. A range of schemes are funded through the BCF and of the pooled budget for 2023/24, £347,597 is being spent on City Corporation Adult Social Care Services (not including the Improved Better Care Fund (iBCF) and Disabled Facilities Grant (DFG)), above the £163,508 required.

7. The BCF Quarter 3 report can be found at Appendix one and sets out progress against certain mandatory conditions and metrics. All the mandatory conditions are met. With regard to the metrics, all are on track although it was not possible to assess progress on admissions due to falls (a health metric) due to data not being available.

8. There is a section on expenditure but the pre populated template does not contain all the schemes that are funded. However, it is confirmed that for all City of London schemes, the funding is being utilised and will not be overspent.

9. Members of the Health and Wellbeing Board are asked to approve the return.

Corporate & Strategic Implications

Strategic implications

The BCF aligns with our corporate priorities of:

- Providing Excellent Services

It also sits within a wider strategic context of health and social care integration and policies driving hospital discharge work.

Financial implications

The City Corporation only contributes required funding to the pooled budget and does not contribute any additional funding.

In terms of expenditure on schemes within the plan, City Corporation schemes are funded above the minimum required from the pooled budget.

Resource implications

None

Legal implications

None

Risk implications

None

Equalities implications

All schemes which are funded through the BCF and commissioned or delivered by the City Corporation are subject to Equality Impact Assessments.

Climate implications

None

Security implications

None

Conclusion

10. The City of London HWBB is asked to approve the BCF Q3 report.

Appendices

- Appendix 1 – BCF Q3 report

Ellie Ward
Head of Strategy and Performance
Department of Community and Children's Services

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HM Government

NHS England

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

2. Cover

Version 2.0

Please Note:

- *The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.*
- *At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.*
- *All information will be supplied to BCF partners to inform policy development.*
- *This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.*

			Checklist Complete:
Health and Wellbeing Board:	City of London		Yes
Completed by:	Ellie Ward		Yes
E-mail:	ellie.ward@cityoflondon.gov.uk		Yes
Contact number:	020 7332 1535		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No		Yes
If no, please indicate when the report is expected to be signed off:	Fri 03/05/2024	<< Please enter using the format, DD/MM/YYYY	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

#REF!

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	#REF!
5. Spend and activity	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: City of London

			Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes		Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	29/02/2024		Yes

Confirmation of National Conditions			
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:	
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board: City of London

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning Q1	Q2	Q3	Q4	For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	25.8	38.0	38.0	77.0	116.2	51.7	On track to meet target	Q3 performance for City is 12.9 under the Q3 target of 38.	Health metric	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.7%	94.2%	94.2%	93.3%	94.1%	96.3%	On track to meet target	City is currently at 96.91% for Q3 and is forecast 97.43% for the total of Q3, this is currently 2.7% and 3.2% respectively above planned targets.	Health metric	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				847.7	176.8	0.0	Data not available to assess progress	Q3 data was unavailable.	Health metric	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				410	2022-23 ASCOF outcome: 403.2		On track to meet target	Total permanent admissions to residential care for first three quarters was 4.	We are able to keep people at home for longer living as independently as possible and people tend to go into res care later and for shorter periods.	#REF!
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				96.0%	2022-23 ASCOF outcome: 77.8%		On track to meet target	Percentage of over 65'S still at home 91 days after discharge was 92% to the end of Q3.	Nothing speciic to add	Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board: City of London

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board: City of London

Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
Checklist						Yes		Yes		Yes	Yes
2	CoL-Carers' support	Carers Services	Other	Minimum NHS Contribution	£14,352	£10,764	50	80	Beneficiaries	No	The funding contributes to a wider carers support service which now supports over 80 carers.
3	Brokerage pilot (one-year)	Residential Placements	Other	Minimum NHS Contribution	£50,000	£37,500	12	NA	Number of beds/placements	No	The funding relates to implementation and strengthening of an approach to brokerage. There have been 4 permanent admissions to residential care during the first three quarters
5	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£37,091	£0	10	0	Number of adaptations funded/people supported	No	We have low demand for DFGs due to the nature of housing stock and assets in the City of London. We are developing a Housing Assistance Policy to enable us to use the funding more flexibly to help more people who would be self funders.

Committee: Health and Wellbeing Board - For information	Dated: 03/05/2024
Subject: Healthwatch City of London Progress Report	Public
Report author: Gail Beer, Chair, Healthwatch City of London	

Summary

The purpose of this report is to update the Health and Wellbeing Board on progress against contractual targets and the work of Healthwatch City of London (HWCoL) with reference to Q4 2023/24 (Jan – March 2024)

Recommendation

Members are asked to: Note the report.

Main Report

Background

Healthwatch is a governmental statutory mechanism intended to strengthen the collective voice of users of health and social care services and members of the public, both nationally and locally. It came into being in April 2013 as part of the Health and Social Care Act of 2012.

The City of London Corporation has funded a Healthwatch service for the City of London since 2013. The current contract for Healthwatch came into being in September 2019 and was awarded to a new charity Healthwatch City of London (HWCoL). HWCoL was entered on the Charities Commission register of charities in August 2019 as a Foundation Model Charity Incorporated Organisation and is Licenced by Healthwatch England (HWE) to use the Healthwatch brand.

HWCoL's vision is for a Health and Social Care system truly responsive to the needs of the City. HWCoL's mission is to be an independent and trusted body, known for its impartiality and integrity, which acts in the best interests of those who live and work in the City.

1 Current Position

The HWCoL team continue to operate from the Portsoken Community Centre and through hybrid working – both at the office and home working.

A new Trustee joined the Board in January, Judy Guy Briscoe, a local resident with a background in teaching Health and Social Care.

In February HWCoL recruited a Volunteer and Projects Officer who joins the team on a two day a week basis.

The communication platforms continue to provide residents with relevant information on Health and Social care services via the website, newsletters, bulletins and social media.

2 Areas of concern

2.1 Effectiveness of the Neighbourhoods Programme

The Neighbourhoods model aims to bring health and care services closer to where people live, and help people take more control over the factors that affect their health and wellbeing. The Neighbourhoods Programme delivered by Hackney CVS is responsible for resident engagement in the Neighbourhoods model.

Both HWCoL and City of London Corporation have expressed concern over the effectiveness of the programme and identify the benefits delivered.

HWCoL and the CoL attended the last Shoreditch Park and City forum entitled 'Looking Back and Moving Forward' and hoped to gain some insight into the programme's achievements These appeared somewhat limited and priorities for next year were unclear.

The Shoreditch Park and City Neighbourhood is currently without a Chair or Deputy Chair.

HWCoL will continue to attend the forum meetings to monitor effectiveness.

3 Public Board Meetings

Dr Chor was the main speaker at the February Public Board meeting. This was a highly informative session where those attending received an update on the services offered by the practice. The range and breadth of services has increased, and Dr Chor outlined these to the meeting. Of particular interest was the increase in substantive GPs and the return of those on maternity leave.

Hoxton Health continue to provide the toenail cutting service following a successful grant submission from the CoL.

- Other services include the introduction of a paramedic from the London Ambulance Service who will see acute patients one day a week.
- A new lead pharmacist to support medicines management.
- A coffee morning and craft activities as part of the Better Together Programme.
- A weekly first contact physiotherapy clinic and the introduction of a new app called MSK Direct for people who have acute muscular pain to self-refer. The app that allows patient to enter details about their muscular skeletal problems, and it will make suggestions on how to manage them. Monitored by the locomotor service and can enables patients to be booked into physiotherapy appointments where appropriate.
- A dietician who can be accessed via the GP were appropriate.

The HWCoL team are working with the Neaman practice to make sure that the services are well advertised.

The Neaman Practice and HWCoL are planning an event to showcase all the services available at the Practice, and across the Primary Care Network, arrangements are currently underway with the team, with a date of 29th June set at the Golden Lane Community Centre.

4 Communications and Engagement

4.1
Patient Panels

Patient panels are designed as information sessions for residents to attend on topics of concern or interest to them. They also are for residents to give feedback on those services and share ideas for improvements.

Patient Panel January– Deaf awareness
This panel was held in January with Jane Richardson. Jane, who is herself deaf, is a qualified speech and language therapist and is passionate about raising awareness of how to communicate with those who are deaf or hard of hearing and the difficulties they face on a daily basis.

Around 7.5% of all people in the UK have hearing problems, which increases to 40% in over 50's and 70% in over 70's.

Following the panel HWCoL published advice on where deaf or hard of hearing people can access help, obtain hearing tests and an information leaflet.
https://www.healthwatchcityoflondon.org.uk/report/2024-02-01/healthwatch-city-london-deaf-awareness-patient-panel

Patient Panel February – Safeguarding – What it is and how to report concerns.
In February, HWCoL were joined by Dr Adi Cooper, Chair of City and Hackney Safeguarding Adults Board who explained what safeguarding is, how you can report issues and what the responsibilities are of the Safeguarding Board and the City of London Corporation.

One query concerned the training of the Estate Managers and their teams and the safeguarding training they receive, as they are present on the estates the majority of the time. HWCoL asked the CoL if this was the case but are yet to receive a reply.

The full report on the session can be read on our website Patient Panel on Safeguarding in the City of London | Healthwatch Cityoflondon

Patient Panel/Training March – CPR (cardiopulmonary resuscitation)
This session with the London Ambulance Service was very well attended. During the session attendees were taught how to recognise symptoms of cardiac arrest, put an unconscious patient in the recovery position, perform Basic Life Support (BLS), and use a defibrillator. A further session will be held in September. This was an oversubscribed session.

There are more panels scheduled for the Q1 2024/25 and these include:

- 26th April: Medicine Management with Deborah Osowo, Chief Pharmacist at the Neaman Practice.
- 23rd May: Sexual and Reproductive Health Strategy for City and Hackney with Froeks Kamminga, Senior public health specialist.
- July – Date TBC: City of London Health and Wellbeing Strategy with Ellie Ward, Head of Strategy and Performance, Department of Community and Children's Services, City of London Corporation

4.2 An additional GP practice in the City
This has long been a desire of many residents and this issue was raised at the HWCoL AGM earlier this year with Ian Thomas CEO and Town Clerk CoL. Since then, a number of residents have spoken in support about the possibility of not only an additional GP surgery, but a new surgery on one level and with more up to date facilities. The team will work with CoL and the NEL ICB to explore this further.

4.3 Sub committee – Sexual and reproductive health
HWCoL has been invited by Cllr Chris Kennedy to sit on the formal joint sub committee to oversee the delivery of the five-year strategy, and annual action plan, for sexual and reproductive health (2024-2029) for City and Hackney. The Chair has accepted the invitation.

4.4 Social Capital Project
HWCoL attended a meeting regarding the social capital project being managed by City and Hackney Public Health Team. HWCoL has concerns that the timescale for the research is too long and the scope of the research is too wide to make it relevant to the relatively small population of the City.

It has been agreed that CoL and HWCoL will attend the meetings on a quarterly basis, and that the agenda of these meetings will be City focussed.

5 Volunteers

5.1 Barts Health NHS Trust PLACE Assessments
As stated in the last report, volunteers from HWCoL undertook Patient Led Assessments of the Care Environment (PLACE) assessments across Barts Health NHS Trust. The reports from those assessments have now been published. You can read the report on our website https://www.healthwatchcityoflondon.org.uk/news-and-reports

The Trust has overall scored 93.29% which is 3.13% above the national average of 90.16%. St Bartholomew's Hospital was the highest scoring hospital across the Trust with a score of 96.49%.
The areas looked at in the assessments include ward food, combined food, privacy, dignity and wellbeing, disability, dementia, condition, appearance and maintenance and cleanliness.

6 Projects

6.1 Mental Health Service Provision and Social Isolation

This project is being undertaken with colleagues from ELFT and the Department of Community and Children's Services at CoL.

A meeting held in February with the project team identified the possibility for working with a public health social capital project to develop opportunities.

Social isolation and mental health provision is included in the City of London Health and Wellbeing Strategy, this will help to progress the project.
The project aims to identify the extent of social isolation in the City and recommend services to address the needs identified.

The evidence in the report aims to make the case for new and increased services in the City for residents.

6.2 Digital Apps

Good progress has been made on this project. The objective is to identify the various apps used by both Primary and Secondary Care services, the accessibility, usability and integration. As a City resident it is possible to be connected to nine different Apps for health care.

The desktop research has been completed and a survey has been designed to understand patients use of the apps, this will be sent across the Shoreditch Park and City Primary Care Network and to City residents.

The HWCoL team are now attending the Digital enabler board managed by Homerton and the Patient Held Record Board at Homerton University Hospitals Trust which explores how the NHS App and Patients Knows best are accessed by patients. HWCoL will use this information to support the project.
The team will be in contact with all major providers of APPs including UCLH, Barts Health and Primary Care.

When the project is completed, the report will be shared with users and those managing the APPs as well as HWE to support their work in this area The team will also explore the inequalities created by digital exclusion.

The latest NHS delivery plan for recovering access to primary care 2024/25 published on 9th April 2024 states that Nationally 84.1% of practices have enabled patients to view prospective records compared to around 21% in May 2023.

In addition, 94.3% of practices offer patients the ability to book/cancel some specific appointments online and 98.9% offer patients the ability to order online repeat prescriptions, although they estimate only 2.7 million (around 11%) of repeat prescriptions per month are ordered this way.

7 Enter and View programme

Healthwatch have a statutory function to carry out Enter & View visits to health and care services to review services at the point of delivery. Following a halt in Enter and View due to Covid HWCoL have now recommenced this important activity.

7.1 Enter and View at Goodman's Fields Medical Centre

In September HWCoL, along with colleagues at Healthwatch Tower Hamlets carried out an Enter and View at the Goodman's Field Medical Centre.

The report has now been published and is available on the HWCoL website. https://www.healthwatchcityoflondon.org.uk/report/2024-04-12/enter-view-report-goodmans-field-medical-practice

The rationale for conducting the Enter and View Visit to Goodman's Field Medical Practice was based on data collected from various sources - NHS, Care Opinion, Social Media and App stores.

The feedback indicated that the GP practice performed exceptionally across areas such as treatment, communication and staff attitude. The main area of concern was related to service access, telephone service, referral process and the functionality of the Dr IQ app.

Overall, the visit to Goodman's Field Medical Practice was very positive with some areas of minor improvement identified. Recommendations for improvement were suggested and the practice has taken them on board.

7.2 Barts Health NHS Trust

The HWCoL team met with David Curran, Director of Nursing at St Bartholomew's Hospital to discuss an Enter and View at the hospital. Based on feedback from residents the Enter and View will focus on communication, the current administrative services and the impact on care.
A provisional date of 13th June has been set to undertake the Enter and View.

8 Support to the City of London Corporation

8.1 Adult Social Care Survey support

HWCoL are supporting the delivery of the he Adult Social Care survey that is currently open. Respondents can phone or email HWCoL for support if they have difficulty understanding the questions or accessing them through disability. HWCoL are delighted to be supporting CoL colleagues.

8.2 Sexual Health Clinic telephone survey

HWCoL will be supporting the City of London Corporation by undertaking telephone surveys that try to determine the level of City workers using non-residential postcodes to access sexual health services resulting in sexual health providers incorrectly recording City workers as residents.

9 Q4 Performance Framework (Contractual Obligations)

There has been no significant change in performance as measured by the Key Performance Indicators. 20 green indicators and four amber indicators. The main concern is attendance of the public at HWCoL events; however, the Patient Panel series have proved popular with new people attending each time.

10 Neaman Practice

A meeting has taken place with the new Practice manager and a good dialogue is now open regarding Patient Participation Group dates and attendance by users as mentioned in the last report.

Key issued raised at the quarterly meeting were the reinstatement of the messaging functionality via the NHS app with the Practice, the lack of privacy in the reception area and the staff not displaying name badges.

11 Planned activities in Quarter 1 2024/25

In support of the delivery of the business plan during Q1 the team at HWCoL will:

- Recruit additional Trustees and broaden the representation for the public.
- Enter and view training for new volunteers and Trustees.
- Health in the City Event with the Neaman Practice in June
- Barts Cardiology Department Enter and View in June
- Refresh and consultation on revised business plan.
- Public Board meeting with Dr Sandra Husbands, Director City and Hackney Public Health
- Digital Apps project continuation and launch of survey.
- Three patient panels as listed in section 4.

12 Conclusion

In conclusion it has been a busy few months at HWCoL increasing the number of volunteers, increasing engagement with City residents, working with NEL ICS to ensure that the City's voice is heard and reigniting the Enter and View Programme.

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Committee(s): City of London Health and Wellbeing Board	**Dated:** 03 May 2024
Subject: Combating Drugs Partnership and Substance Use Support Update	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1, 2, 3, 4
Does this proposal require extra revenue and/or capital spending?	**N**
If so, how much?	**n/a**
What is the source of Funding?	**Other (please specify) (Public Health Grant)**
Has this Funding Source been agreed with the Chamberlain's Department?	**N/A**
Report of: Sandra Husbands, Director of Public Health	**For Information**
Report author: Simon Young *Principal Public Health Specialist* Andrew Trathen *Consultant in Public Health*	

Summary

This paper provides an update on current government policy on drugs, our local Combating Drugs Partnership, and progress in substance use support.

Recommendation(s)

Members are asked to note the report.

Main Report

1. Introduction

1.1. Since 2021 there has been a significant increased focus on Substance use support nationally.

1.2. Following on from Dame Carole Black's independent review of drugs[1] in 2021, the government responded with an increase in funding for Local

[1]https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black

Authorities to help support service and system development for people with problematic drug and alcohol use.

1.3. Alongside increased funding, Central Government has also released a ten year drug strategy, titled ‘from harm to hope’[2], outlining its ambitions to reduce the harms of illegal drug use.

1.4. The strategy aims are:

- Reducing drug use
- Reducing drug-related crime
- Improving recovery outcomes

1.5. These aims are further supported by more immediate outcomes:

- Reducing drug supply
- Increasing engagement in treatment
- Improving recovery outcomes

1.6. All local authorities have been tasked to support in delivering these aims.

1.7. To monitor success against these aims, Central Government has laid out 11 headline and 22 subsidiary metrics which all Local Authorities are measured against.

1.8. These metrics include:

- Increasing numbers of individuals engaging in substance use treatment (‘tier 3’)
- Increasing the percentage of individuals leaving prison with a drug treatment need entering community provision
- Increasing the number of young people entering treatment
- Increasing the number of individuals engaging in residential placement for detoxification and rehabilitation
- Increase in the number of individuals showing ‘substantial progress’ whilst engaging with treatment

1.9. Central Government has instructed that areas form local ‘Combating Drugs Partnerships’ (CDP) to help monitor and drive success against these measures.

2. The City and Hackney Combating Drugs Partnership

2.1. The City of London (CoL) and London Borough of Hackney (LBH) formed their CDP in late 2022. The CDP is responsible for delivering against the national strategy, setting local objectives, and overseeing the use of funds from the government’s Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR).

2.2. Dr Sandra Husbands, the Director of Public Health for both authority areas, was named as the senior responsible officer. Other members of the Public Health team have key roles in coordinating and developing the CDP.

[2] https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives

2.3. The public health team commissions local substance use services, and our lead provider is currently Turning Point. Following a period of service improvement, a recent CQC inspection rated the service as 'Good' across all domains. The public health team also provides intelligence functions to monitor outcomes at the service and population levels.

2.4. As such, the public health team has been well positioned to initiate the CDP and support joint decision making around local priorities. It is also able to ensure close liaison with the Office for Health Improvement and Disparities and ensures continued adherence to the World Health Organisation's international directive to take a health-led approach to drug-related harms.

2.5. The CDP is a broad partnership including but not limited to:

- LBH/City Adult Social Care
- LBH/City Children's Social Care
- LBH/City Community Safety
- Drug treatment provider
- Integrated Care Board
- Local Metropolitan Police
- City of London Police
- LBH/City Young person's services
- LBH/City Other local third sector organisations

2.6. Governance and delivery within the CDP is overseen by a Strategy Group (CDPSG) of senior leaders that meets quarterly and a series of working groups that meet as required, focusing on specific topics.

2.7. The CDPSG has defined strategic outcomes for the overall CDP. These outcomes take into account both the key aims of Central Government as well as both LBH and CoL's vision for reducing drug related harms.

2.8. The top level strategic aims are:

- Reducing the premature deaths of people who use drugs
- Reducing the impacts of drugs on our communities
- Improving the wellbeing of people exposed to the harms of drugs
- Reducing inequalities in substance use support

2.9. In order to help meet these aims working groups currently focus on substance use and:

- Mental Health
- Equalities in access and treatment
- Social care needs, including homelessness
- Physical Health
- Premature death, and end of life care
- Criminal Justice

Further to this, there is also a dedicated working group for the City of London. This focuses on issues unique to the City that tie into wider CDP strategic aims. Current actions plan items include:

- Enhance scripting offers from the Community Wellbeing Team Vehicle
- Develop chemsex pathway and harm reduction offering
- Develop pathways from the City Assessment Centre
- Continuing to progress and develop the relationship between substance use services and social care teams, particularly in identifying Children and families affected by drug use

2.10. Although the main focus of the drug strategy and funding has been towards drugs other than alcohol, Turning Point continues to work with the Alcohol Care Team at the Homerton Hospital, to provide support for those with problematic alcohol use. We will shortly commence an Alcohol Working Group and ensure it is well connected to the broader CDP.

3. Current Position

3.1. The CDP has had successes delivering against strategic aims, particularly when compared to other London Authorities. Across London and the country we are seeing many metrics worsen, and on several issues we are experiencing the same locally. However, we are also seeing improvements in several key areas and outperforming peer LAs.

3.2. Whilst most London Authorities have seen decreases in their numbers in treatment, City has seen a small increase of 4% against its baseline, with 49 individuals having received support for substance use between March 2023 and Jan 2024. In comparison Tower Hamlets reduced by 3% in the same reporting period/same baseline period. London as a whole saw an increase of 2%.

3.3. New presentations increased over last year, from 7 in January 2023 to 21 in December 2023. Throughout most of 2023, around 30 clients in a given month required further support for a mental health need, although more than half of them were not receiving this support. There is a dedicated CDP working group focussing on the needs of clients with co-occurring mental health and substance use issues.

3.4. Continuity of Care (CoC), the percentage of individuals accessing community treatment following prison discharge, remains a key metric for national government and the CDP as a whole.

3.5. With regards the City of London this metric presents unique challenges, as the number of referrals made to the authority area are inaccurate, often relating to individuals who live in ‘London’ inaccurately recorded as being referred. We are working with the National Drug Treatment Monitoring System to ensure this data is accurate.

3.6. An immediate challenge is the increasing incidence of high harm substances across London and the UK, predominantly in the form of nitazene adulterated opiates and benzodiazepines.

3.7. Nitazenes are a class of synthetic opioid with particularly harmful potencies. They have been indicated as a driver behind a spike in deaths across the UK, and are becoming more prevalent across London.

3.8. There have been instances of nitazene seizures in and around the City of London.

3.9. In order to help respond effectively to this increasing risk we have improved and developed our system of monitoring and assessing the impacts of substances on our communities, both through our Local Drug Information System (LDIS) structure as well as our Drug Related Death (DRD) review system.

3.10. Appendix 1 is a paper previously presented to the City and Hackney health protection forum concerning the LDIS, and appendix 2 is the ToR for our DRD review panel which details the procedure around case review. There have been no DRDs in the City of London since the outset of our DRD review process.

4. **Next Steps**

4.1. In consultation with the CDPSG and working groups, as well as with OHID, the strategic actions we will focus on are:

- Developing access to and provision of mental health support for individuals using substances
- Increasing the availability of inpatient detox and rehabilitation
- Further developing mobile, outreaching approaches to support to engage underserved populations
- Developing and working with local, grass roots organisations working with individuals who face significant barriers to substance use treatment
- Increasing the clinical capacity, and oversight, of our core treatment provider
- Develop further work to focus on drug use amongst LGBTQ+ populations, including our work to support individuals engaged in chemsex

4.2. Focusing on these areas will help us to continue to deliver increases in numbers in treatment, and more meaningful engagement with our treatment services to meet the holistic needs of people using substances.

4.3. We will additionally be further developing our approach to high harm substances, including nitazines and other synthetic opioids. This includes through our presence on an Incident Management Team (IMT) and other high level strategic groups focussed on synthetic opioids operating on a pan-London level.

4.4. Our work in the year ahead will also include other high level engagement with pan-london structures, including through the chairing of a working group focussed on developing options for inpatient detox and residential rehabilitation offers within the footprint of London.

5. **Conclusion**

5.1. There has been a significant increase in focus on reducing drug related harms nationally, accompanied by a 10-year strategy and increased local funding.

5.2. The formation of the local Combating Drugs Partnership, and its associated governance structures has helped develop a set of locally relevant strategic aims to reduce drug related harms.

5.3. Work to deliver against these aims continues at pace, with clear success across key metrics, notably Numbers in Treatment and Continuity of Care.

5.4. Some areas of delivery require further improvement, particularly treatment progress and successful completions of treatment.

5.5. There are clear strategic areas of focus for the treatment system in the year ahead, including critical areas of pan-london work we seek to support and influence.

Appendices

- *Appendix 1 - City & Hackney Health Protection Forum paper: Local Drug Information System*
- *Appendix 2- Drug-Related Death Review Panel review Terms of Reference*

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CITY OF LONDON

Health Protection Forum **TITLE OF REPORT:** Local Drug Information System (LDIS) and substance use developments	
MEETING DATE:	26th September 2023
Report Authors:	Simon Young Principal Public Health Specialist (Substance Use) City and Hackney Public Health Jason Foster Senior Public Health Specialist (Substance Use) City and Hackney Public Health

1. Introduction

1.1. This paper informs the Health Protection Forum (HPF) of critical developments in Substance Use workstreams, specifically the Local Drug Information System (LDIS) and the associated Professional Information Network (PIN). These cover the London Borough of Hackney and the City of London.

1.2. The paper also outlines national environment changes to drug markets and increases in high risk adulteration of drug supplies.

1.3. Other relevant strategic and operational changes are also discussed.

2. Background

2.1. In response to the Central Government's 10 year drug strategy (*From Harm to Hope*) LBH/CoL set up a multi-agency governance structure to help drive substance use system developments. This is known as the 'Combating Drugs Partnership (CDP)'.

2.2. Key decisions and strategic direction for the CDP is owned by a Strategy Group (CDPSG) chaired by the Director of Public Health for City and Hackney, Dr Sandra Husbands. Membership of the group is comprised of senior leaders across key organisations and departments.

2.3. The CDPSG has defined four strategic outcomes for the two authority areas. Each outcome contains three to four objectives.

1) Prevent and reduce premature deaths of people who use drugs.
a) Increase the number of drug users engaging in treatment as well as increases in those achieving and sustaining recovery. b) Increase the number of people making significant improvements whilst working with services. c) Increase the number of people engaging for other health needs.
2) Reduce the impact of drugs on our communities
a) Provide better cohesion from community exclusion (secure estate/reconnection to local area/post hospital discharge) into community. b) A reduction in drug related reoffending amongst prolific offenders within local areas. c) A reduction in drug supply. d) Reduced costs for local health services and police forces due to lower health and crime harms, and lower costs to the criminal justice system (as fewer people are dealt with by the courts).
3) Improve the wellbeing of people exposed to the harms of substance use
a) Increase in the number of people moving into paid employment from drug treatment services. b) Reduce the impacts of homelessness and insecure housing for people exposed to drug harms. c) Increase the number of young and vulnerable people safeguarded.
4) Reduce inequalities in substance use support
a) Improve quality and comprehensiveness of demographic data. b) Increase the proportion of underrepresented groups engaging in treatment. c) Increase positive outcomes from underrepresented groups.

2.4. A number of working groups have been formed to help deliver on these strategic outcomes. Each working group has additional aims to help achieve top level strategic outcomes.

2.5. In addition to working groups, other new systems and groups have been implemented to help work towards strategic outcomes.

2.6. The Local Drug Information System (LDIS), along with its associated Professional Information Network (PIN), is a development intended to help achieve the strategic priority of preventing and reducing premature deaths of people who use drugs.

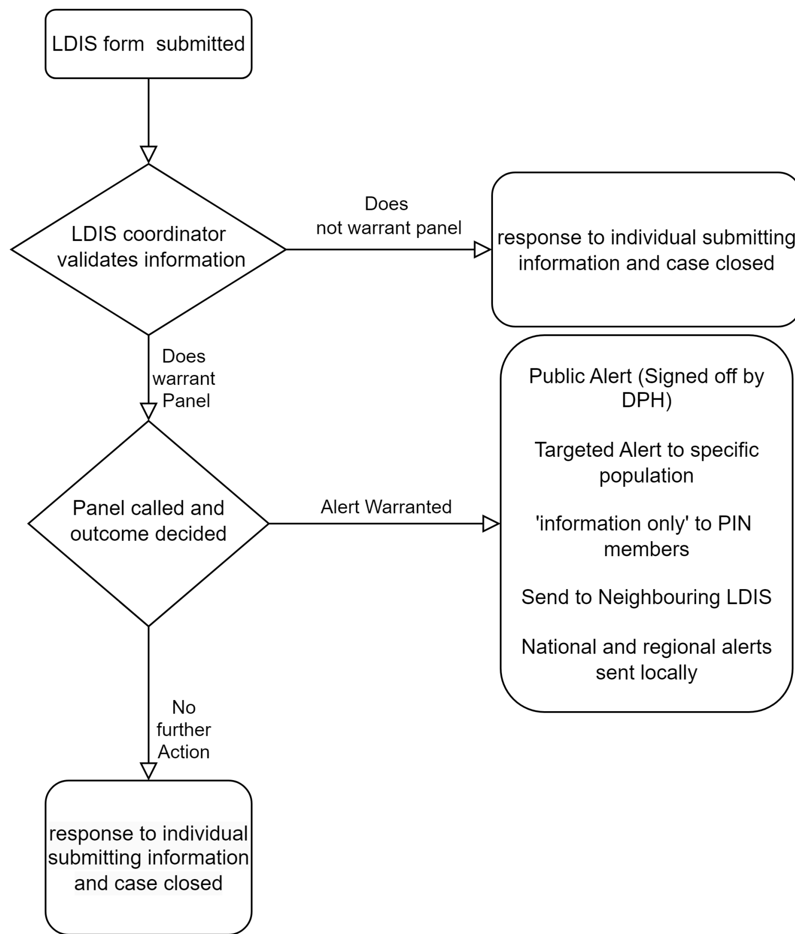
3. LDIS and PIN

3.1. Whilst all drug use presents risks of harm to people who use drugs, there are occasions when drug supplies increase risks to drug using populations due to:

- adulteration of drug supplies
- increased potencies
- misrepresentation
- novel/synthetic substances
- novel processes involved in the manufacture or use of drugs

3.2. The LDIS is a multi-agency response to drugs presenting in this manner. Its aim is to ensure that where there is an indication of high harm substances posing a risk to people who use drugs, that this information is used to inform a robust and potentially life-saving response.

3.3. The below figure outlines the LDIS process:



3.4. Referral forms into the LDIS can come from any professional body who has information, or has received information, related to particularly high harm drugs. Members of the Health Protection Forum are invited to use the referral form (appendix 1) should they need.

3.5. The LDIS coordinator assesses all referrals based on national best practice criteria to ensure that information is of a suitable standard to aid conversation, namely that specific concerns have been raised with clear information about risks.

3.6. The responses detailed in the flow chart help guide action following the convening of an LDIS panel, though they are not exhaustive. Practice changes can also be directed and recommended by the panel to help ensure that risks are minimised as much as possible.

3.7. Key to the success of the LDIS is the PIN, a wide reaching network of key contacts submitting information into the LDIS, as well as communicating risks and advice to people most at risk. Any professional is able to join the PIN, and to do so must contact cityandhackneydrugalerts@hackney.gov.uk

3.8. The PIN also enables national and regional information to be cascaded locally, ensuring national developments which could impact the local area are understood and acted on appropriately at the earliest opportunity.

4. National developments

4.1. There have been a number of reports nationally concerning the adulteration of heroin supplies with a group of substances known as nitazenes.

4.2. Nitazenes are synthetic opioids with significantly higher levels of potency than organic opiates and other known synthetic opioids

4.3. Due to the higher levels of potency, nitazenes significantly increase the risk of overdose and death amongst opiate using populations, particularly as it is unlikely individuals are aware they are using them.

4.4. Locally we have not yet been informed of any overdoses having occurred due to the use of nitazene adulterated heroin, though we are aware that a small seizure of heroin tested positive for the inclusion of two different nitazenes.

4.5. Due to these developments our treatment provider has increased the amount of naloxone issued to their service users. Naloxone is a substance which can be administered to reverse the effects of opioid use. It is crucial to administer this as early as possible if someone has overdosed in order to decrease the risk of serious harm and death.

4.6. Naloxone can be carried and used by anyone who is likely to come into contact with someone who has overdosed on opioids, including professionals and members of the public.

4.7. In both City and Hackney training can be arranged for individuals who wish to both carry and use naloxone.

5. Service delivery developments

5.1. To reach groups most at risk of the harms of drug use we have implemented new models of service delivery within both City and Hackney.

5.2. There is an increase in the number of substance use outreach sessions across both authority areas, particularly multi-agency sessions delivered in collaboration with the Community Wellbeing Team (CWT).

5.3. Outreach is targeted at areas with high levels of rough sleeping, street drug usage or areas where data suggests there are low numbers of residents accessing drug treatment services

5.4. Alongside increases in outreach the commissioned substance use service provider, Turning Point, have begun using ‘hubs’ across LBH and CoL to ensure equitable access to the service. This is a significant development as previously access and support was only available through their site on Mare Street.

6. Conclusion

6.1. The new Local Drug Information System covering the City and Hackney is a robust model intended to ensure any information related to high harm substances can be shared effectively across services.

6.2. The LDIS ensures a robust response to emerging harms, directing both practice of services and communication to at risk groups.

6.3. A Professional Information Network enables the rapid cascading of important information relating to high risk substances to any service or individual that may come into contact with individuals at risk.

6.4. Increased levels of harmful synthetic opioids have been identified nationally, the LDIS has enabled local developments to respond to potential risks.

6.5. Other practice developments, including outreach into underserved communities, have also been established to minimise risks.

6.6. Strategically there is strong governance over changes, with the Combating Drugs Partnership and its associated strategic outcomes driving development of responses to the harms of drug use.

APPENDIX 1: City and Hackney LDIS notification form

Please complete as much of the form as possible and return to
cityandhackneydrugalerts@hackney.gov.uk

If submitting several incidents please list chronologically using 1.2.3 to separate incidents

<table>
<tr><td colspan="3">Your contact details: if appropriate role and service</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td colspan="3">Date & Location where incident occurred: geographical area and location if known (i.e. home, street, nightclub, hostel, hospital)</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td colspan="3">Name of drug: if known, indicate if brand name on packet, street name, chemical name etc.</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td colspan="3">Route of administration: how was the drug taken? (delete as appropriate)</td></tr>
<tr><td>Smoked, Swallowed, Sniffed, Injected, Not applicable, Unknown</td><td>If injected:
IV, IM, Skin pop</td><td>Other: (specify)</td></tr>
<tr><td colspan="3">Effect of drug: the effect of the drug as described to you</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td colspan="3">How was this effect different from what expected? (e.g. lasted longer, was more potent)</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td colspan="3">Polydrug use? Was the drug used with any other drugs or alcohol?</td></tr>
<tr><td>Yes, No, Unknown, N/A</td><td colspan="2">If yes, please list others</td></tr>
<tr><td colspan="3">Dosage: how much was taken; if more than one type of drug please list amount for each</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td>Cost: please specify if price is for weight, per bag, pill etc.</td><td colspan="2">Appearance of drug: (i.e. white powder, pill)
If available, please attach photograph (next to coin for scale)</td></tr>
<tr><td></td><td colspan="2"></td></tr>
<tr><td colspan="3">Concern: please indicate concern (ie, adverse effect, altered behaviour, violence, overdose)</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td colspan="3">Did the incident involve a hospital admission? (delete as appropriate)</td></tr>
<tr><td>Yes, No, Unknown, N/A</td><td colspan="2">If known please specify which hospital, when this occurred, whether still ongoing?</td></tr>
<tr><td colspan="3">Did the incident result in death or other serious harm? (Give details if known)</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td colspan="3">Where was the drug purchased? (delete as appropriate)</td></tr>
<tr><td>Internet, Shop, Dealer, Friend, Unknown, N/A</td><td colspan="2">Other (describe)</td></tr>
<tr><td colspan="3">Has this issue or concern been raised by other service users? (How many times?)</td></tr>
<tr><td>No, Yes, Unknown, N/A</td><td colspan="2">If yes, roughly how many times</td></tr>
<tr><td colspan="3">If known, please indicate drug experience of person concerned (delete as appropriate)</td></tr>
<tr><td>Experienced drug user, Recreational drug user, Naive drug user, Unknown, N/A</td><td colspan="2">Other relevant background information, i.e. vulnerable adult, young person (age)</td></tr>
<tr><td colspan="3">Any other information including forensic information available</td></tr>
<tr><td colspan="3"></td></tr>
</table>

City and Hackney Combating Drugs Partnership:

Drug-Related Death Review Panel

Terms of Reference

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1. Background

1.1. On 22 May 2023 Central Government published the National Combating Drugs Outcomes Framework Supporting metrics and technical guidance as part of its ten year drug strategy.

1.2. One of the key strategic outcomes is to **reduce drug-related deaths and avoidable deaths of drug users in treatment.**

1.3. Local authorities are expected to help meet this national target and have been directed by the Central Government to operate 'combating drugs partnerships' (CDPs).

1.4. CDPs provide strategic focus, helping to develop and embed best practice approaches to minimising the harms of drug use.

1.5. DRDs in the London Borough of Hackney (LBH) have risen by 50% between 2021 and 2022. DRDs have also increased in the City of London (CoL), but remain low, comparatively.

1.6. Drug-related death review panels are seen as best practice in assessing trends and formulating both strategic and operational responses in relation to DRDs.

1.7. A Drug-Related Death Review (DRDR) Panel consisting of multi-agency stakeholders will enable immediate and confidential reflection and expert consultation on individual cases following a death caused directly by drug use. Information and recommendations stemming from this panel will enhance the DADU working group's efforts to implement and monitor actions and developments for partners to help ensure best practice to reduce avoidable deaths of people who use drugs.

2. Purpose

2.1. The purposes of the DRDR Panel are to:

- Conduct multidisciplinary, multi-agency reviews of available information about deaths suspected to be directly attributable to drug use;
- Identify points of contact between deceased individuals and healthcare, social services, criminal justice, and other systems;

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- Identify the specific factors that put individuals at increased risk for drug-related harms, including death;
- Improve coordination and collaboration between member agencies/entities that investigate drug-related deaths and provide services to individuals who use drugs;
- Make recommendations to the DADU working group for changes to agency policies and procedures, partnership work, and strategic priorities of LBH to further the development of drug-related death prevention initiatives;
- Advise key local and national stakeholders, including coroners, the Office of Health Improvement and Disparities (OHID), and Central Government on findings to enhance the national response to drug-related deaths; and
- Inform key public health and public safety partners about suspected high-harm substances needing attention of the Local Drug Information System (LDIS).

3. Membership

3.1. The meeting will be chaired by the Substance Use Operational Delivery & Development Coordinator for City and Hackney Public Health, who may deputise to another member of the substance use team, when necessary.

3.2. The standing membership of the DRDR Panel will include:

- Substance Use Operational Delivery & Development Coordinator for City and Hackney Public Health (chair)
- City and Hackney Recovery Service (Turning Point) Quality & Governance Manager
- Metropolitan Police Central East BCU - Lead ADDER officers
- City of London Police representative
- London Ambulance Service representative
- Homerton Accident & Emergency representative
- City and Hackney Probation Delivery Unit representative
- Adult Social Care representative
- East London Foundation Trust representative
- North London Coroner’s office representative

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3.3. The DRDR Panel may request the presence of other individuals who possess information relevant to the cases being discussed at specific meetings. Invited individuals must sign a Confidentiality Agreement.

4. Procedure

4.1. Two meetings will be held following the notification of the death of an individual in LBH or CoL which is suspected to be directly related to drug use, either from intentional or unintentional overdose or misadventure by drug use.

4.2. The first meeting (Rapid Meeting) will be conducted within 24-48 hours following the notification of a DRD in LBH or CoL. The purpose of this meeting will be to convene stakeholders involved in the initial discovery and notification of the decedent to ascertain suspected involvement of high-harm substances needing the attention of the LDIS panel.

- In the event that it is not possible to meet, intelligence and information will be shared through email.
- Following the meeting, the DRDR Panel chair will pass any information relevant to the LDIS onto the LDIS coordinator.

4.3. The second meeting (Panel Meeting) will be held monthly on the fourth week of each month to discuss all DRDs that occurred in LBH or CoL during the previous months.

4.4. Meetings will be no more than 2 hours.

4.5. Meetings will be closed to the public.

4.6. Immediately following notification of a DRD, the DRDR Panel chair will:

- Create a case record for the new decedent in the secure data repository.
- Convene individuals involved in the discovery and notification of DRD for a Rapid Meeting.
- Disseminate any information obtained about the circumstances of the DRD, including information of suspected high-harm substances in circulation, to the LDIS coordinator.
- Send a confidential email to all standing DRDR Panel members to: alert them of the death, schedule a time within 3 weeks for the DRDP to convene to review the death, and request any information that DRDR Panel members may have about the decedent's interactions with services.

4.7. Two weeks before the Panel Meeting, the DRDR Panel chair will:

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- Send the Panel Meeting agenda to all invited individuals
- Send a confidential email to all invited individuals summarising the information gathered by the chair about the decedent
- Invite standing members and invited members to attend the meeting

4.8. One week before the Panel Meeting, the DRDR Panel Members will: Within 1 weeks following the notification of a DRD, the DRD Panel chair will:

- Send the Chair relevant service-level information regarding the cases to be discussed at the Panel Meeting
- Send signed confidentiality agreements to the Chaire

4.9. The meeting agenda will be structured as follows:

- Reminder of meeting goals and ground rules
- Summary of decedent's case
- Report-outs from panel members to develop timeline
- Group discussion to clarify case timeline and risk factors
- Formulation of recommendations to propose to the DADU working group
- Summary and adjournment

4.10. Within 1 week of a DRDR Panel meeting, the chair will:

- Disseminate meeting minutes to all invited members
- Update the decedent's case record in the data repository
- Coordinate any action items stemming from meetings
- Discuss panel recommendations with the chair of the DADU working group

5. Roles & Responsibilities

5.1. The DRDR Panel chair will be responsible for:

- Facilitating DRDR Panel meetings and Rapid Meetings
- Recruiting DRDR Panel members
- Orienting new DRDR Panel members
- Maintaining appropriate Confidentiality Agreements with DRDR Panel members and invited individuals
- Obtaining and sharing case information with DRDR Panel members

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- Reviewing data and reports from DRDR Panel meetings
- Drafting DRDR Panel meeting agendas
- Delegating one DRDR Panel member (typically other Public Health Operational Coordinator) to take minutes
- Managing meeting logistics
- Updating the LDIS Coordinator of any information related to potential high-harm substances suspected to be in circulation
- Updating the DADU working group and DADU working group chair of data and recommendations stemming from the DRDR Panel meetings
- Coordinating progress on action items following meetings
- Maintaining appropriate information on cases in the data repository
- Drafting formal recommendations for presentation to DADU working group

5.2. DRDR Panel members and invited individuals will be responsible for:

- Disclosing any potential conflicts of interest related to case discussions
- Providing the DRDR Panel chair with information on cases when requested in advance of meetings
- Attending DRDR Panel meetings and contributing to discussions during meetings to enhance understanding of the risk factors associated with DRD and develop recommendations
- Carrying out any relevant action items resulting from meetings

6. Data Collection Information Sharing

6.1. Data concerning individuals who have passed away present no GDPR concerns, but in order to respect the ongoing dignity of individuals, all standing DRDR Panel members will submit a signed Confidentiality Agreement in advance of the first meeting.

6.2. All individuals invited to DRDR Panel meetings will submit a signed Confidentiality Agreement to the chair in advance of the meeting.

6.3. Any data that is reported to the DADU working group and working group chair will be anonymised and stripped of any identifiable information.

6.4. No information containing identifiable information of individuals who are still living will be shared at DRDR Panel meetings.

6.5. Data collected in advance of and during DRDR Panel meetings and associated with a specific case will be stored in a password-protected central data repository that can be accessed only by the chair and the Public Health Operational Coordinator.

6.6. The data collected and stored in the data repository will follow a standard format for each case record and will broadly include information on the decedent's:

- Name and aliases
- Demographics
- Suspected cause of death
- Death scene investigation
- Interventions following death
- History of life circumstances and stressors before death
- Interactions with various health and social services, criminal justice system, and other public services
- Community context

7. Governance

7.1. The DRDR Panel is a panel convened on an ad hoc basis and reports to the DADU working group of the CDP on key findings and recommendations for system enhancement based on the review of DRDs.

7.2. The DADU working group and leadership of the CDP may direct the DRDR Panel to investigate and explore specific deaths of interest and report on key findings and recommendations for consideration by the DADU working group.

7.3. In developing and presenting recommendations, the DRDR Panel may advise the DADU Working Group that other CDP working groups or external bodies, including but not limited to the Local Drug Information System (LDIS), CDP Criminal Justice Working Group, CDP Mental Health Working Group, CDP Physical Health Working Group, and the CDP Equalities Working Group, review and take up implementation of system recommendations.

7.4. The DRDR Panel will review its ToRs and procedures on an annual basis.

7.5. Progress of the DRDR Panel will be monitored and assessed by the DADU Working Group and reported to the CDP Steering Group on an annual basis.

7.6. With oversight from the DADU Working Group and CDP Steering Group, the DRDR Panel will develop a suitable process evaluation framework within its first year of existence to evaluate the panel's progress against its stated purpose (2.1).

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8. Declaration of Interests

8.1. All DRDR Panel members and invited individuals will be required to disclose any potential conflicts of interest as they relate to the discussion of specific cases and development of recommendations in advance of panel meetings.

8.2. DRDR Panel members and invited individuals will be excluded from making any decision connected with the declared interest.

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Committee(s): City of London Health & Wellbeing Board	**Dated:** 03 May 2024
Subject: City and Hackney Outcomes Framework and approach to improving outcomes	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	All
Does this proposal require extra revenue and/or capital spending?	**N**
If so, how much?	**N/A**
What is the source of Funding?	**N/A**
Has this Funding Source been agreed with the Chamberlain's Department?	**N/A**
Report of: **Anna Garner** Head of Performance and Population Health NHS North East London	**For Information**
Report author: **Anna Garner** Head of Performance and Population Health NHS North East London	

Summary

The attached report describes the City and Hackney outcomes framework (how it was developed, how residents were involved, the key outcomes – the immediate focus, cross cutting themes).

The report includes a proposal for the Local Government Association to support the development of the City of London Health and Wellbeing Board.

Questions for the Board:

- What reporting does the HWB require on this?

Recommendation(s)

Members are asked to:

- Note the report and approach to improving outcomes.
- Agree approach to reporting for City of London HWB.

Appendices

- Identification of outcomes associated with our local strategic priorities, from the City and Hackney Place-based Partnership

Identification of outcomes associated with our local strategic priorities

City and Hackney Place-based Partnership

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Why do we need an outcomes framework? How will it be used?

- An outcomes framework can function as a anchor to our purpose as a integrated health and care system and collate our ambitions
- Highlight across improvements in health of population and reductions in inequalities
- Ensure that ambitions reflect resident values
- Embed clear understanding of what we are responsible for and what we can/cannot influence/improve
- Assess needs within the population and progress towards meeting these
  - Identify areas for focus
  - Ensure links between workstream activities and outcomes
  - Monitor progress on improving
  - Hold system to account for delivering changes to improve outcomes – inform what we do and what we stop doing

Progress against improvement in outcomes will be reviewed after 12 months, and we will review whether these remain the outcomes we want to work to improve (including which measures most useful; reflection on progress in improving outcomes and any changes in priorities; any changes in policy/planning context; learning from any evaluations/reviews).

Many of the outcomes will be long term outcomes, and may not see much impact that we can associate with our work within 2 years – this will not be used as evidence to stop working towards a particular outcome.

How did we identify key outcomes

- Use of inequalities statements and key drivers of disability and mortality (within *Inequalities resource pack*, developed by Population Health Hub) and *Impact of Covid19 pandemic on inequalities in City and Hackney* presentation (developed by Public Health) to identify adverse outcomes
- Considered prevention opportunities to tackle the above
- Engaged planning/portfolio leads to ask their perspective on key outcomes
- Key outcomes and 'big ticket areas' identified in Integrated Delivery Plan

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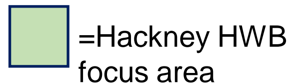
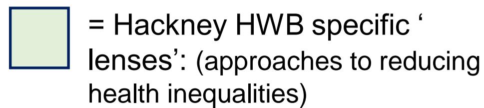
Strategic focus areas for the City and Hackney Place-based Partnership

Reducing health inequalities

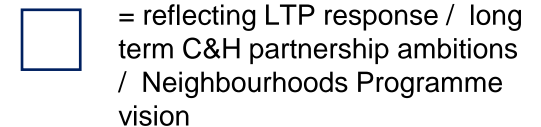
Population health priority outcome areas

Cross-cutting approaches


=Hackney HWB focus area


= Hackney HWB specific ' lenses': (approaches to reducing health inequalities)

= NEL ICS four partnership priority areas


= reflecting LTP response / long term C&H partnership ambitions / Neighbourhoods Programme vision

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Giving children and young people the best start in life: summary

Improvements in the health of the population	Reductions in inequalities
• Reduce infant mortality rate • Reduce rate of neonatal mortality and stillbirths • Increase CYP immunisation coverage • Increase % children achieving a good level of development (Foundation Stage) • Reduced childhood obesity • Reductions in crisis mental health presentations to ED (and especially repeat presentations) for children and young people • Reduction in unplanned pregnancies, sexually transmitted infections and increasing access to contraception • Increasing identification and support re. domestic abuse • CYP access to services (narrative on access and barriers) • Placeholder: safeguarding • Placeholder: oral health	• Reduce inequalities in maternity and birth outcomes for children and families (women from global majority backgrounds) • Improve patient experience and outcomes for groups experiencing inequalities in maternity and perinatal mental health care (women from global majority backgrounds) • Improved health and educational outcomes for those at risk of exclusion (Black Caribbean and mixed heritage boys) • Improved health and educational outcomes for those with complex health needs, and those with SEND, LD and autism. • Improvements in mental health and wellbeing outcomes for specific communities (young black men, Orthodox Jewish groups) • Increases in Looked After Children's health: more timely annual and review health assessments, increases in uptake of immunisations and vaccinations and oral health checks.

Red text = outcome included in 2023-24 IDP and a focus for the next 12m

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Improving mental health & preventing mental ill-health: summary

Improvements in the health of the population	Reductions in inequalities
• Improve physical health for those with serious mental illness (70% health check rates, smoking prevalence, self-reported health; reduce excess mortality for those with serious mental illness) • Reduce number of recurrent detainments under the MH Act • Reduce inappropriate admissions for patients with dementia for non-medical i.e. social reasons • Reduce number of suicides • Reduce waiting times for CAMHS assessment and treatment: held static with rising demand • Improve experience of care (and waiting lists) • Improve outcomes from CAMHS services • Increase in number of people with serious mental illness receiving a personal health budget (1,500 Personalised Patient Owned Digital Care Plans; 400 PHBs digitalised linked to personalised care plans and 45%+ significant wellbeing improvement for PHBs) • Improving access to substance misuse services (including alcohol)	• Reduce detainments under MH Act for minoritised ethnic groups *(community treatment orders and civil admissions; including reflection on changes in bed base)* • Improve access to MH services by minoritised ethnic groups (number and %) • Reduce inequalities in engagement in IAPT services • Improving offer and uptake of wellbeing/mental health offer for all people with LTCs, especially where LTC control is poor • Reduce inappropriate MH admissions for minoritised ethnic groups • Patient and carers race equalities framework

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Preventing, and improving outcomes for people with, long-term health and care needs

Improvements in the health of the population

- Reduce premature mortality from respiratory disease and cardiovascular disease
- Improve health-related quality of life for people with long term conditions
- Reduce long term support needs met by admission to residential and nursing care homes
- Reduce reliance on ‘double handed’ care packages
- Service user satisfaction with social care
- An increased % of people reporting they feel involved in their own care
- Support more people to live independently for longer, with improved wellbeing
- Ensuring that people with long term health needs are better supported in their own home through a more personalised and proactive approach
- Increase one year survival from all cancers/lung cancer/colorectal cancer
- Improve cancer patient experience
- Improve patient experience of urgent care services
- Reduce inappropriate use of the urgent care system – improve management of crises outside of urgent care
- Reduced mortality and morbidity from emergency presentations and speedier recovery from crisis episodes

Reductions in inequalities

- Accurate diagnosis of diseases to enable correct management and treatment in community
- Improved hypertension blood pressure control in Black populations
- Improved diabetes outcomes
- Reducing the number of late HIV diagnosis
- Accessibility of services to LD/autism
- LD/autism patients receiving full health check
- Reduction in use of services by high intensity A&E users
- For the homeless population
  - A reduction in the number of residents in vulnerable housing
  - An improvement in vaccination rates
  - An increased engagement with health, social care and wider services
- *Placeholder: carers (TBC – from Carers Partnership Board)*
- *Placeholder: resident accessibility and understanding of health information and inequalities in this?*

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In addition to working towards the relevant specific outcomes, as a system we are also committed to a number of 'ways of working', which will enable us to deliver improved integration and outcomes

These are:

- Coproduction of services and any transformation of services with residents
- Personalisation of care
- Taking strengths based approaches and Making Every Contact Count
- Consideration of health inequalities, proportionate universalism and critical appraisal of whether services will unintentionally widen health inequalities
- Taking preventative approaches where possible (as well as focusing on rising need)
- Commitment to continual improvement and learning (including focus on openness to barriers and failures and using these towards improvement)

As well as monitoring our progress on delivering specific population health and inequalities outcomes within the outcomes framework, we need a way of assessing how well we have considered the above checklist in developing and transforming services. This could be an annual self-assessment by transformation area leads *(wider system input?)* including questions such as:

1. How well have we considered this in all of our work this year? Are there any standout examples of where we have done this really well?
2. What have we done less well?
3. How could we improve on this next year? What would we need to do that?
4. How well have we supported our workforce to be able to consider these elements?

This process could also be used to assess our embodiment of our values as a system (cf 360 feedback process – completed by system teams and leads).

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How do we want to use this outcomes framework?

To use the newly agreed City and Hackney place-based partnership outcomes framework to enable different teams, services and organisations to feel a clear sense of their contribution to improving the lives of our residents (and these outcomes), and how they contribute to the shared vision across the City and Hackney partnership.

Purpose:

- Allow the C&H system to take wider, more expansive view on what we consider (data, insight, evidence, case studies, observations) when looking at whether (and how) we are improving outcomes for our residents (and we doing the right things to improve outcomes)?
- Allow a wide range of stakeholders to input into the development of a shared model of how different teams/services/activities contribute to improving outcomes for our residents
  - Allow different teams/services to take ownership of outcomes for residents – sense of agency
  - Creating a shared sense of purpose: improve staff wellbeing
- Build trust between organisations (acknowledging this hasn't always been there in the past) to enable honest and supportive conversations about what is working and whether anything different is needed
- Generate a shared understanding of 'a learning culture' and having the time and space to reflect on what we know and how to use that to maximise the impact of our resources

The City and Hackney place-based partnership outcomes framework sets out the outcomes we are trying as a partnership to improve. There are several projects to try to evaluate the contribution of different programmes and projects (e.g. those within the Neighbourhoods programme) to improving these outcomes. The proposal is about using an appreciative enquiry approach to look at our outcomes and asking which of our services that contribute to particular outcomes (and how?) and could we be doing anything more to enable us to improve outcomes more?

What do we want to achieve?

We want to use this approach with the strategic focus areas for our place-based partnership:

1. Giving children and young people the best start in life
2. Improving mental health & preventing mental ill-health
3. Preventing, and improving outcomes for people with, long-term health and care needs

Proposed outputs:

1. Pack for outcome area ("How well are we working to improve outcomes?")
   - Collation of evidence on improving outcomes
     - What working well (with evidence)
     - What not working well (with evidence)
     - Is what we are doing effective?
     - Who is not accessing services, and do we know why?
   - Can we set trajectories for improvement?
   - Where are our risks to not improving outcomes?
   - What needs to change?

2. Scorecard for DG, NH&CB, H&CB
   - Outcomes – improvement, evidence and trajectory
   - System barriers and enablers

What do we want to achieve? Example summary

<table>
<tr><td colspan="4">What do we know about e.g. CYP emotional heath and wellbeing in City and Hackney</td></tr>
<tr><td rowspan="2">Narrative on how well we are improving this outcome currently (with evidence sources)
- What working well (with evidence)
- What not working well (with evidence)
- Is what we are doing effective?
- Are we moving towards what residents want?
- How well are we embedding our cross cutting themes
- How well are we embedding prevention and inequalities?
- What needs to change? (services as well as supporting elements e.g. data collection)</td><td rowspan="2">What is enabling improvement in this area?</td><td rowspan="2">What is blocking improvement in this area?</td><td>Estimate of future position/ improvement
- Narrative (with evidence)
- Risks</td></tr>
<tr><td>Outputs (links):
- Evidence summary with narrative
- Relevant teams (+ who involved in this process)</td></tr>
</table>

Outcome areas to be worked through

1. CYPMF
- Improving CYP emotional/mental health and wellbeing (including CAMHS)
- Improving outcomes for Looked after Children
- Improving outcomes for CYP with SEND, LD and autism
- Increasing coverage of CYP immunisations
- Reducing infant mortality

2. Long term health and care needs
- Improving outcomes for residents with long term conditions
- Improving outcomes for those experiencing homelessness
- Improving use of urgent and emergency care
- Improving outcomes for those with learning disabilities

3. Mental health
- Increasing coverage of physical health checks for residents with mental health conditions
- Improving experience of care
- Improving equity of access

Process for each outcome area

1. Engage with planning teams/committees
2. Identify which services/teams contribute to this outcome area
3. Identify data sources that we have available to use
   - Resident stories
   - Staff insight – which staff/teams?
   - VCS insight (SIGs, networks, forums)
   - Information from wider partners (youth clubs, schools, police etc)
   - Data on access, experience and outcomes including PROMS and PREMS
   - Mandated metrics (activity, waiting times, performance, outcomes)

   → Do we need to collect any additional data?
4. Engage with wider teams on aims of this work
5. Collect and collate this data

   What can we say about completeness of data? How robust are our collection systems (is there racism in our data collection systems; how confident are staff in collecting data)? Do we have trend data?
6. Present to relevant groups and agree narrative/conclusions
   - What are the conclusions about what working and what not working?
   - What do we know about people who are not accessing services and equity?
   - What opportunities to integrate prevention/inequalities are there?
   - Is anything constraining improving outcomes? What would enable services/interventions to work better?

   → Who needs to be involved in reviewing? Keep this under review
7. Agree how to review this on an ongoing basis
8. Present to place-based partnership boards (NH&CB and HCB)

LGA support proposal

- We have recruited the support of the Local Government Association to:
  - Support with development for the City of London HWB, in terms of the HWB strategy priorities and implementing a health in all policies approach. This would consist of planning and facilitating a development session, preceded by interviews with individual HWB members
  - Similar support also being provided to Hackney HWB

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Committees: Port Health and Environmental Services Health and Wellbeing Board Planning and Transportation	Date: 7 May 2024 3 May 2024 16 May 2024
Subject: Draft Air Quality Strategy 2025 to 2030	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	Leading Sustainable Environment. Providing Excellent Services. Diverse Engaged Communities.
Does this proposal require extra revenue and/or capital spending?	**N**
Report of: Bob Roberts, Executive Director (Interim), Environment	**PHES for decision** **H&WB and P&T for information**
Report author: Ruth Calderwood, Air Quality Manager	

Summary

As part of its statutory duties for Air Quality Management, the City of London Corporation is required to measure air quality and, if concentrations are higher than set standards, develop, and implement an action plan to bring levels of pollution down.

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. The current strategy is for the period 2019 to 2024. This draft strategy covers 2025 to 2030 and includes new data, new targets, and new responsibilities for helping to reduce emissions of very fine particles ($PM_{2.5}$). The draft strategy supports the outcomes of the Corporate Plan 2024 to 2029, Climate Action Strategy, Transport Strategy, City Plan and Procurement Strategy.

The current Air Quality Strategy, supported by national and regional action, has delivered around a 40% reduction in the pollutants nitrogen dioxide and fine particles (PM_{10}). The national standards for PM_{10} are met across the Square Mile, and the annual mean standard for nitrogen dioxide is only exceeded adjacent to the busiest roads. With continued action, it is likely that the national standard for nitrogen dioxide will also be met everywhere in the next 2 to 3 years.

The World Health Organisation (WHO) issues health-based air quality guidelines to help governments manage the impact of air pollution on health. National air quality standards are based on WHO guidelines issued in 2005. Since then, there has been a significant amount of evidence about the adverse health effects of air pollution. This led to new air quality guidelines being published in 2021.

The new guidelines are much tighter than the ones issued in 2005. They have not yet been incorporated into national legislation or adopted by the Mayor of London. It is however recommended that the City Corporation Air Quality Strategy 2025 to 2030 works towards the achievement of the latest WHO air quality guidelines, rather than the national

standards, and thereby continues with its efforts to improve air quality in the Square Mile. By doing so, it will deliver better health outcomes and directly support the new Corporate Plan outcome *Leading Sustainable Environments, Providing Excellent Services and Diverse Engaged Communities.* It will also provide a robust set of data for the Corporate Plan performance measure '*Progress towards World Health Organisation Air Quality Guidelines'.*

Recommendation

Members are asked to:

- Approve the aims of the draft Air Quality Strategy which set a direction of travel towards achievement of the 2021 World Health Organisation Air Quality Guidelines
- Approve the draft Air Quality Strategy 2025 to 2030 for public consultation, subject to comments received at the meeting.

Main Report

Background

1. The City of London Corporation has a statutory duty to assist the Mayor of London and the UK government in taking action to reduce levels of air pollution. This is to ensure that concentrations of pollutants meet health-based standards as soon as possible. The City Corporation also has a responsibility to protect public health.

2. Action taken by the City Corporation is detailed in its Air Quality Strategy. The current Air Quality Strategy 2019 – 2024 includes measures being taken to fulfil statutory responsibilities, and for reducing the health impact of air pollution on residents, workers, and visitors to the Square Mile. Due to statutory requirements, the focus has largely been on the pollutants nitrogen dioxide (NO_2), a product of combustion, and fine particles (PM_{10}), of which there are many sources.

3. Owing to the success of previous strategies, along with national and regional action, air quality in the Square Mile has dramatically improved. In 2022, just 7% of the publicly accessible area breached the national standards for NO_2, down from 70% in 2018. With continued action, it is likely that the national standard for NO_2 will be met everywhere in the next 2 to 3 years The national standards for PM_{10} are now met everywhere in the Square Mile, and by a significant margin. For further information on concentrations and origins of air pollution in the Square Mile see Appendix 1.

Air quality standards and guidelines

4. Current national air quality standards for NO_2 and PM_{10} were originally set in European Directives and transposed into domestic legislation. They are based on guidelines set by the World Health Organisation (WHO) in 2005.

5. As research has advanced, more focus has been placed on the pollutant $PM_{2.5}$ as this has been shown to have the greatest impact on health. The Environment Act 2021 set new national standards for $PM_{2.5}$ to be met by 2040, with interim targets set for 2028. Guidance has been issued which includes new responsibilities for local

government to assist with national efforts to reduce emissions of this pollutant. These measures have been incorporated into the draft strategy.

6. Ongoing research has linked air pollution to an increasing number of diseases. This has led to the World Health Organisation issuing new Air Quality Guidelines in 2021. The guidelines are designed to offer quantitative health-based recommendations for managing air quality. They are not legally binding, but they do provide an evidence-based tool to inform legislation and policy in WHO Member States, of which the United Kingdom is one. In addition to new guidelines, interim targets have been set to guide the reduction of air pollution towards the achievement of the guidelines. No target dates have been set by the WHO for achievement of the interim targets or guidelines.

7. Table 1 details the current national standards and WHO Air Quality Guidelines with interim targets. It also includes the aims in the draft Air Quality Strategy. The aims go beyond the current national standards for NO_2 and PM_{10}, whilst also committing to support action to achieve the new national standard for $PM_{2.5}$ ten years early.

8. For nitrogen dioxide, the proposed aim within the strategy timeline is to achieve the second WHO interim target in over 90% of the publicly accessible space by 2030. This demonstrates a direction of travel towards the final WHO guideline. This aim has been set as it takes into account current levels of NO_2, whilst considering the amount of influence the City Corporation has on levels of air pollution in the Square Mile (see Appendix 1). For PM_{10}, the WHO air quality guideline itself is recommended as, despite the City Corporation having little direct influence over levels of this pollutant, much of the Square Mile already meets the guideline.

Table 1

Pollutant (annual mean ($\mu g/m^3$)	National Standard ($\mu g/m^3$)	2021 WHO Guidelines ($\mu g/m^3$)					Draft Air Quality Strategy aims ($\mu g/m^3$)	Current levels in the Square Mile ($\mu g/m^3$)
		Interim Target				Final Guideline		
		1st	2nd	3rd	4th			
Nitrogen dioxide (NO_2)	40	40	30	20	-	10	30**	20 to 52
PM_{10}	40	70	50	30	20	15	15***	15 to 18
$PM_{2.5}$	10*	35	25	15	10	5	10***	12

* To be met by 2040
** Over 90% of the Square Mile to meet this target by 2030
*** To support national and regional action to meet these targets by 2030

Draft Air Quality Strategy

9. The draft strategy includes 27 actions to be delivered under the headings: Air Quality Monitoring; Leading by Example; Collaborating with Partners; Reducing Emissions

and Public Health and Raising Awareness. Annual reports will be published demonstrating progress with each action.

10. Delivery of the strategy will see the management of emissions of pollutants from construction sites; new developments being low emission; action to tackle unnecessary vehicle engine idling and the best practice of our partners being rewarded. Additional powers will continue to be sought to manage remaining sources of pollution; research into new technologies supported and consideration given to managing pollutants associated with diesel standby generator plant. Attention will also be given to activities that emit relatively high levels of $PM_{2.5}$, such as commercial cooking.

11. Much of the strategy will be delivered by partnership work with external organisations. This is due to the amount of air pollution measured in the Square Mile that comes from beyond the boundary (see Appendix 1).

12. An important aspect of the work is engagement with communities such as schools, residents, and businesses, raising awareness about the health impacts of air pollution and what steps can be taken to help to deliver the aims of the strategy. The City Corporation is also part of a pan London project to raises awareness about the impact of poor indoor air quality on health.

13. The draft Air Quality Strategy is underpinned by a wealth of monitoring data and a large database of emissions of pollutants. This information is used to shape action, and to provide robust evidence to demonstrate the success of City Corporation action to improve air quality.

Corporate & Strategic Implications

Strategic implications

14. Air quality policy is supported by the Climate Action Strategy, Transport Strategy, Procurement Strategy, and draft City Plan.

15. The work on air quality supports the new Corporate Plan outcomes:

- Leading sustainable environment
- Providing excellent services
- Diverse engaged communities

Financial implications

16. No new funding is being requested to deliver the Air Quality Strategy. Most of the work is delivered by the Air Quality Team of three Officers plus one Manager. External funding is sought for specific projects where available.

Resource implications

17. The strategy will be delivered using existing resources

Legal implications

18. None

Risk implications

19. Air quality is listed as a Corporate risk. The most recent Deep Dive into the risk was presented to Audit and Risk Management Committee in January 2021.

Equalities implications

20. Action to improve air quality has a positive impact on all sections of the population. The benefit is greatest for children and the elderly as they are more susceptible to the health impacts of air pollution. There is also a positive impact on individuals whose lives are affected by asthma and other respiratory and cardiovascular conditions.

Security implications

21. None

Conclusion

22. The City Corporation has produced a draft Air Quality Strategy 2025 to 2030 for consultation. This strategy follows on from the current Air Quality Strategy 2019 to 2024 and includes new data, new targets, and new responsibilities for helping to reduce emissions of $PM_{2.5}$.

23. Due to the success of previous strategies, along with regional and national action, air quality in the Square Mile has dramatically improved. In 2022 just 7% of the publicly accessible area breached the national standard for the pollutant nitrogen dioxide, down from 70% in 2018. The national standard for fine particles (PM_{10}) is now met everywhere.

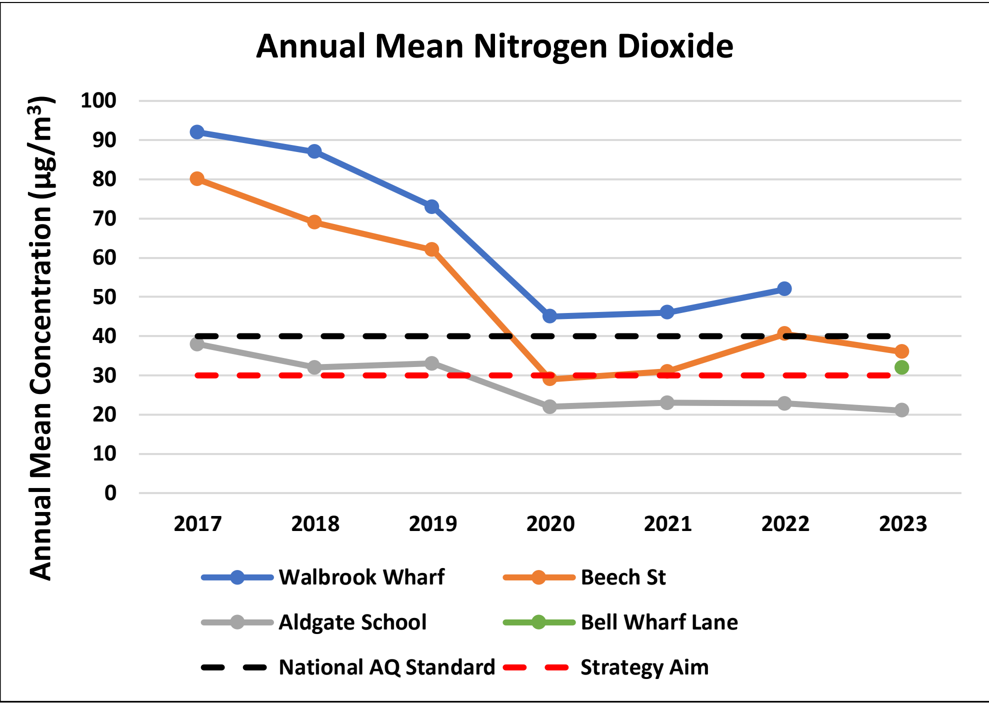
24. It is recommended that the City Corporation Air Quality Strategy 2025 to 2030 aligns itself with the latest WHO air quality guidelines, rather than the national standards, and thereby continues with its efforts to improve air quality in the Square Mile. By doing so, it will deliver better health outcomes and support the Corporate Plan outcomes *Leading Sustainable Environments, Providing Excellent Services and Diverse Engaged Communities.* It will also provide a robust set of data for the Corporate Plan performance measure '*Progress towards World Health Organisation Air Quality Guidelines'.*

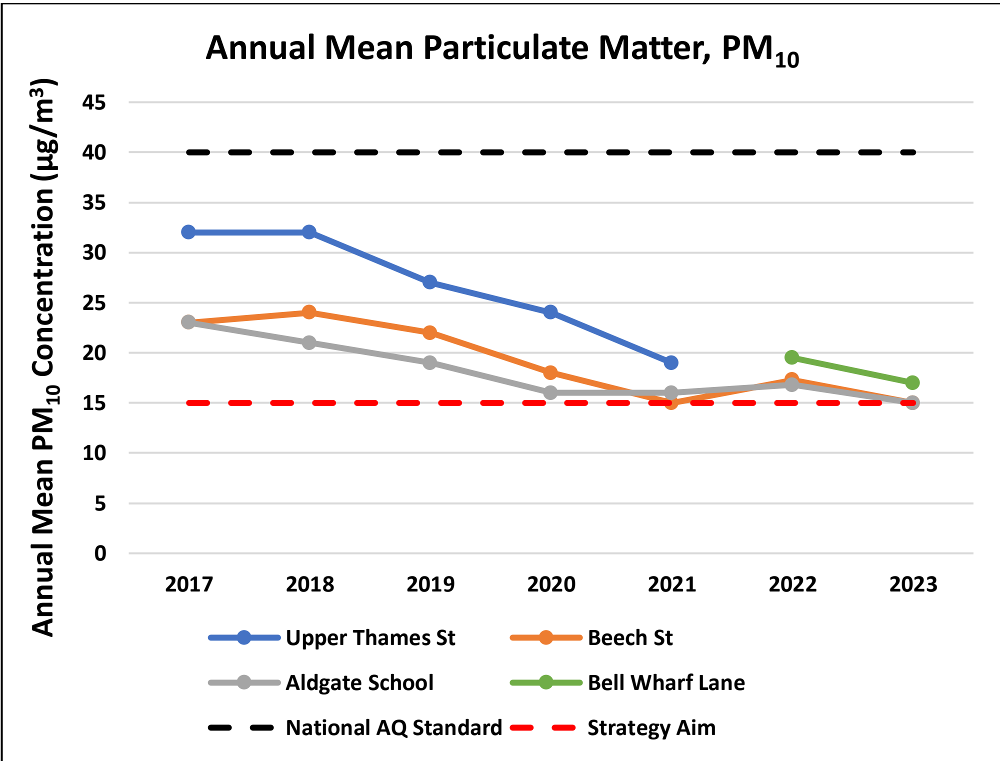
Appendices

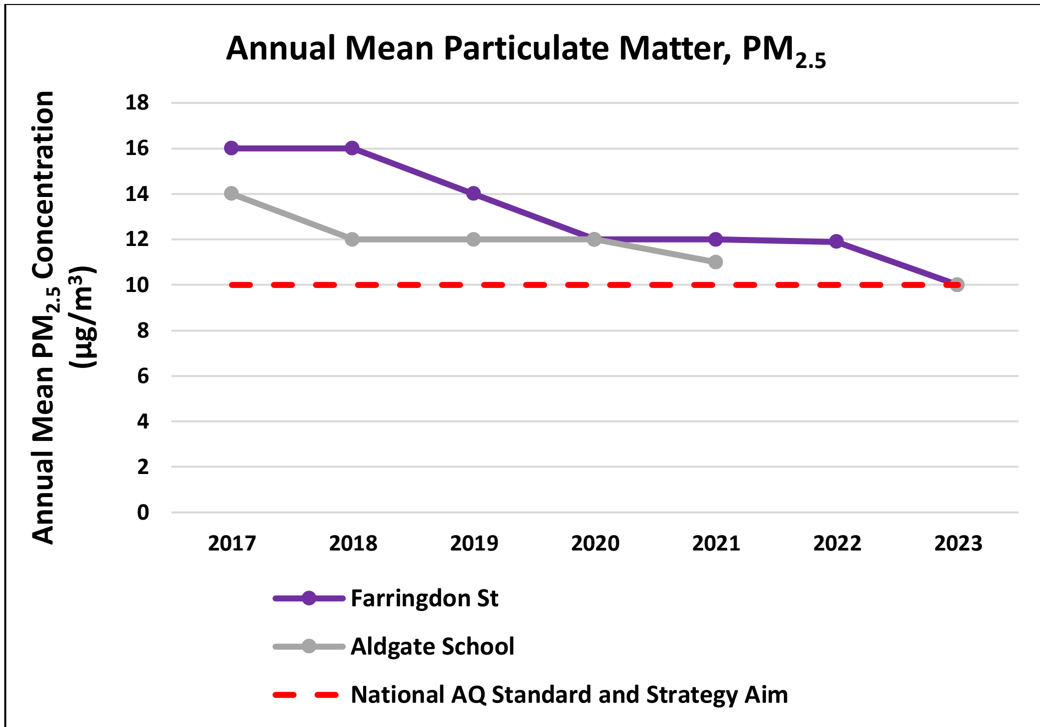
- Appendix 1 – Air quality data
- Appendix 2 – Draft Air Quality Strategy 2025 to 2030

Ruth Calderwood, Air Quality Manager,
T: 020 7332 1162 E: ruth.calderwood@cityoflondon.gov.uk

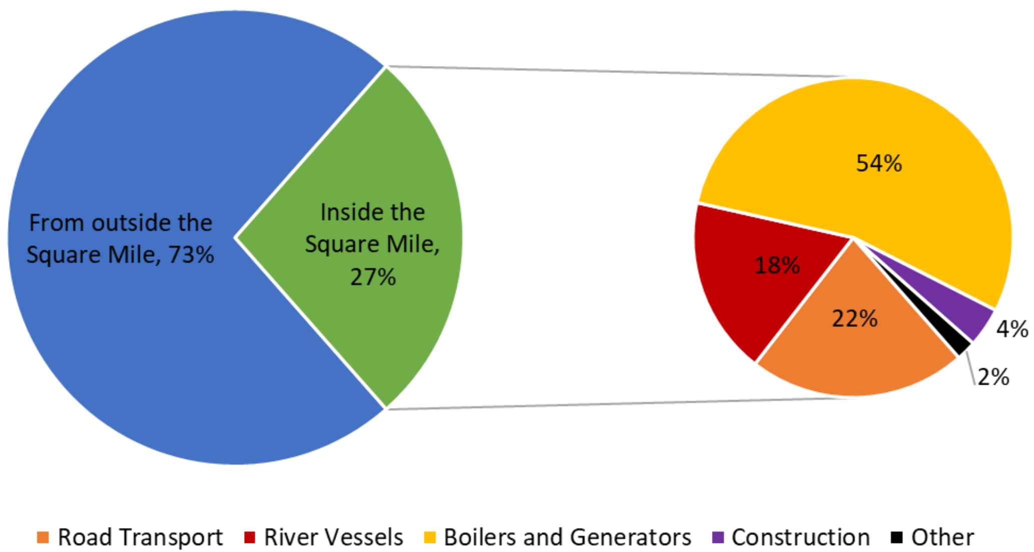
Appendix 1: Air Quality Data


Annual Mean Nitrogen Dioxide
Annual Mean Concentration (µg/m³)
100
90
80
70
60
50
40
30
20
10
0
2017
2018
2019
2020
2021
2022
2023
Walbrook Wharf
Beech St
Aldgate School
Bell Wharf Lane
National AQ Standard
Strategy Aim


Annual Mean Particulate Matter, PM_{10}
Annual Mean PM_{10} Concentration (µg/m³)
45
40
35
30
25
20
15
10
5
0
2017
2018
2019
2020
2021
2022
2023
Upper Thames St
Beech St
Aldgate School
Bell Wharf Lane
National AQ Standard
Strategy Aim

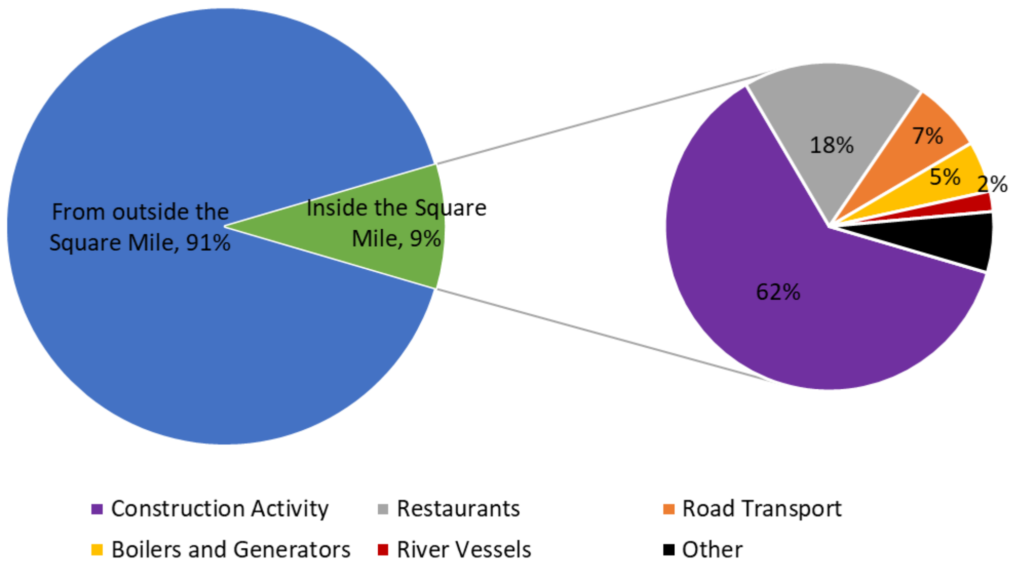


Annual Mean Particulate Matter, PM2.5
Annual Mean PM2.5 Concentration (µg/m3)
18
16
14
12
10
8
6
4
2
0
2017
2018
2019
2020
2021
2022
2023
Farringdon St
Aldgate School
National AQ Standard and Strategy Aim

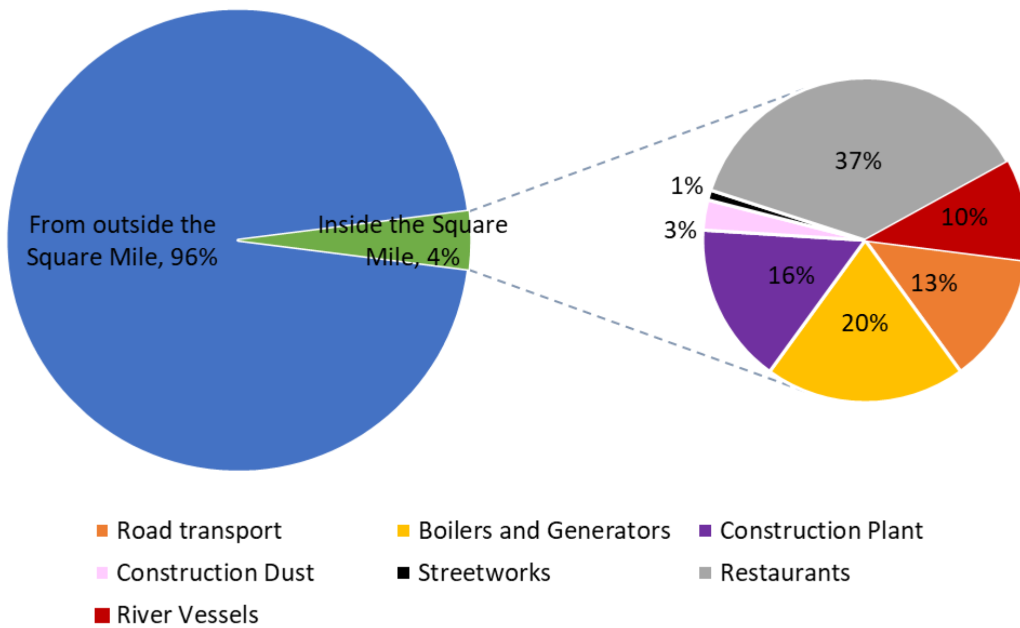


Source of Nitrogen Oxides
From outside the Square Mile, 73%
Inside the Square Mile, 27%
54%
18%
22%
4%
2%
Road Transport
River Vessels
Boilers and Generators
Construction
Other

Source of PM_{10}



Source of $PM_{2.5}$



City of London
Air Quality Strategy

Delivering Healthy Air in the City of London

Draft for Consultation

2025 – 2030

For further information contact:

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This report will be available on the City of London Corporation website.

Foreword

The City of London Corporation has long been at the forefront of tacking air pollution. We have been measuring air quality for over 60 years and in 1954, following the infamous London Smogs, we published our own legislation to ban the production of smoke in the City. This paved the way for the national Clean Air Act of 1956. The form and source of air pollution has changed since the 1950's and, though much improved, remains at a level that impacts on health.

We have been taking more focussed action to improve air quality for over 20 years, and I have great pleasure in presenting our fourth Air Quality Strategy for consultation. It outlines action that we will take to continue to achieve better air quality for our communities. Our last Air Quality Strategy, supported by national and regional action, delivered around a 40% reduction in the pollutants nitrogen dioxide and fine particles (PM_{10}). This was measured using our extensive network of monitoring equipment.

The data we collect is compared to health-based standards. The current national standards for PM_{10} are achieved across the Square Mile, and the annual mean standard for nitrogen dioxide is only exceeded adjacent to the busiest roads. With continued action, it is likely that the national standard for nitrogen dioxide will also be met everywhere in the next two to three years.

However, we are not complacent. Since the current national air quality standards were set, research has shown that air pollution has an impact on health at lower levels than previously thought. This has been reflected in air quality guidelines issued in 2021 by the World Health Organisation. The aims of the strategy therefore go beyond the national standards and instead take us on a pathway to meet these guidelines. This goes beyond our statutory obligation.

Most of the pollution we breathe in the Square Mile comes from beyond our boundary. The draft strategy therefore is very collaborative in nature, detailing work that we will do with external partners to support and initiate action to improve air quality. We will also continue to demonstrate leadership, for example through the implementation of our ambitious Climate Action Strategy, which aims to achieve net zero across the City's operations by 2027.

We will manage emissions of pollutants from construction sites; ensure new developments are low emission; tackle unnecessary vehicle engine idling and reward the best practice of our partners. We will continue to press for additional powers to manage remaining sources of pollution; support research into new technologies and consider how we can help to manage pollutants associated with diesel standby generator plant. We will also be turning our attention to activities that emit relatively high levels of very fine particles ($PM_{2.5}$), such as commercial cooking.

An important aspect of our work is engagement with our communities. We will continue to work with our schools, residents, and business communities, raising awareness about the health impacts of air pollution and what steps can be taken to help us to deliver the aims of this strategy.

We look forward to hearing your thoughts on our proposals to achieve our vision of having air quality in the Square Mile that is healthy to breathe.

Mary Durcan CC
Chair, Port Health and Environmental Services Committee

Air Quality Strategy 2025 – 30: Delivering Healthy Air in the City of London

Our definition of healthy air: Concentrations of nitrogen dioxide (NO_2) and particulate matter (PM_{10} and $PM_{2.5}$) that meet national health-based standards and are on a pathway to meet the 2021 World Health Organisation (WHO) Air Quality Guidelines.

Why us? The City of London Corporation has a statutory obligation to improve air quality and protect public health. Improving air quality and ensuring good health and wellbeing is supported by our Corporate Plan 2024 to 2029.

Who we will work with: Residents, workers, schools and nurseries, businesses and Business Improvement Districts, North-East London NHS Trust and Barts Health NHS, the Greater London Authority, Transport for London, London Councils, London Boroughs, the UK Government, the Environment Agency, London's Universities, Charities, Port of London Authority, Cross River Partnership, and other stakeholders as they arise.

Our Vision

The Square Mile has air that is healthy to breathe.

Our Aims

- **Over 90% of the Square Mile meets an annual average [(1)] of 30μg/m^3 for nitrogen dioxide by 2030[(2)].**
- **To support national and regional action that leads to the Square Mile meeting an annual average of 15μg/m^3 for PM_{10} by 2030[(3)].**
- **To support national and regional action that leads to the Square Mile meeting an annual average of 10μg/m^3 for $PM_{2.5}$ by 2030[(4)].**

Our Key Outcomes (Corporate Plan 2024-2029)

- Leading Sustainable Environment
- Providing Excellent Services
- Diverse Engaged Communities

Demonstrating success: Annual reports will be published detailing progress with each action and with the strategy aims.

---

[1] Measured as the *mean.*
[2] World Health Organisation 2021 2nd interim target
[3] World Health Organisation 2021 Air Quality Guideline
[4] National air quality standard to be achieved by 2040 and World Health Organisation 2021 4th interim target.

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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 8,600 permanent residents with a working population of around 614,500 people. In addition to workers and residents, each year the City of London welcomes millions of visitors. The City of London Corporation (City Corporation) is the governing body for the Square Mile. It manages a wide range of functions including 11,000 acres of open space which provide green lungs for the Capital.

Although much improved, air pollution remains at a level where it impacts on health. The pollutants of current concern are nitrogen dioxide (NO_2), a colourless and odourless gas that is a product of fuel combustion, and particulate matter, of which there are a wide range of sources. Particulate matter is referred to as PM_{10} and $PM_{2.5}$, which are particles with a diameter of 10 micrometers (µm) or 2.5µm respectively.

The City Corporation is required by statute to monitor these air pollutants through a framework called London Local Air Quality Management (LLAQM). Following detailed air quality monitoring, the whole of the Square Mile was declared an Air Quality Management Area (AQMA) in January 2001 for annual mean concentrations of nitrogen dioxide and PM_{10}, and 1-hour concentrations of nitrogen dioxide. This was due to levels in 2001 being higher than the national standards. Once an AQMA has been designated, there is a requirement to develop and implement an Air Quality Action Plan (AQAP). The national standards were originally set in European Directives and transposed into domestic legislation.

The Environment Act 2021 set new national standards for the pollutant $PM_{2.5}$. Guidance that followed includes new responsibilities for local government to assist with national efforts to reduce emissions of this pollutant. These requirements are reflected in this strategy.

The City Corporation has had an AQAP in place since 2002. In 2011, the AQAP was incorporated into an Air Quality Strategy. The strategy outlined steps that would be taken to both improve local air quality and reduce the impact of air pollution on public health. The strategy is updated every five years, as a minimum, with updates published in 2015 and 2019. This strategy builds upon previous action and includes new responsibilities for helping to reduce concentrations of $PM_{2.5}$.

A significant improvement in air quality has been experienced across the Square Mile since the initial AQMA designation in 2001. The current national standards for PM_{10} are met across the Square Mile, and the annual mean standard for nitrogen dioxide is only exceeded adjacent to the busiest roads. The new national standard for $PM_{2.5}$, 10µg/m^3 as an annual mean to be achieved by 2040, is not currently achieved in the Square Mile.

Since 1987, the World Health Organisation (WHO) has issued air quality guidelines for air pollutants that have a damaging impact on health. As evidence about the adverse health

impacts of air pollution advances, the air quality guidelines are revised. The guidelines are designed to offer quantitative health-based recommendations for managing air quality. They are not legally binding, but they do provide an evidence-based tool to inform legislation and policy in WHO Member States, of which the UK is one.

Table 1.1: World Health Organisation Recommended Air Quality Guidelines and Current National Standards

Pollutant	National Standard (annual mean µg/m³)	2021 WHO Guidelines (annual mean µg/m³)				
		Interim Target				Guideline
		1st	2nd	3rd	4th	
Nitrogen dioxide (NO_2)	40	40	30	20	-	10
PM_{10}	40	70	50	30	20	15
$PM_{2.5}$	10*	35	25	15	10	5

* To be achieved by 2040

The aims of this strategy are:

- Over 90% of the Square Mile meets an annual mean of 30µg/m³ for nitrogen dioxide by 2030*.
- To support national and regional action that leads to the Square Mile meeting an annual mean of 15µg/m³ for PM_{10} by 2030.
- To support national and regional action that leads to the Square Mile meeting an annual mean of 10µg/m³ for $PM_{2.5}$ by 2030.

* Where total area includes roads, pavements and public spaces but excludes buildings.

These aims support the Corporate Plan outcome of providing a leading sustainable environment, providing excellent services and diverse engaged communities. The strategy will be delivered across five areas:

1. **Air quality monitoring**
2. **Leading by example**
3. **Collaborating with partners**
4. **Reducing emissions**
5. **Public health & raising awareness**

A complete table of actions to deliver the aims of the strategy is presented in Appendix 1, with further information on air quality standards and guidelines outlined in Appendix 2.

1.1 Source of Air Pollution in the Square Mile

The quality of the air in the City of London is influenced by a range of sources, from both inside and outside of the Square Mile.

To assist with the development of targeted measures, the Greater London Authority (GLA) and Transport for London (TfL) have developed a database of emission sources across London. This is called the London Atmospheric Emissions Inventory (LAEI)[5]. The data in the inventory is approximate and should not be viewed as absolute. It has been developed as a guide to assist in decision making for tackling the main sources of air pollution. The City Corporation has also undertaken its own research to look in more detail at emissions of $PM_{2.5}$ in the Square Mile[6].

Nitrogen oxides (NO_x) refers to nitric oxide (NO) and nitrogen dioxide (NO_2), both of which are formed during the combustion of fuels. Nitric oxide reacts with other gases in the air to form nitrogen dioxide. These reactions take place quickly and are reversible, so the two gases are referred to together as nitrogen oxides.

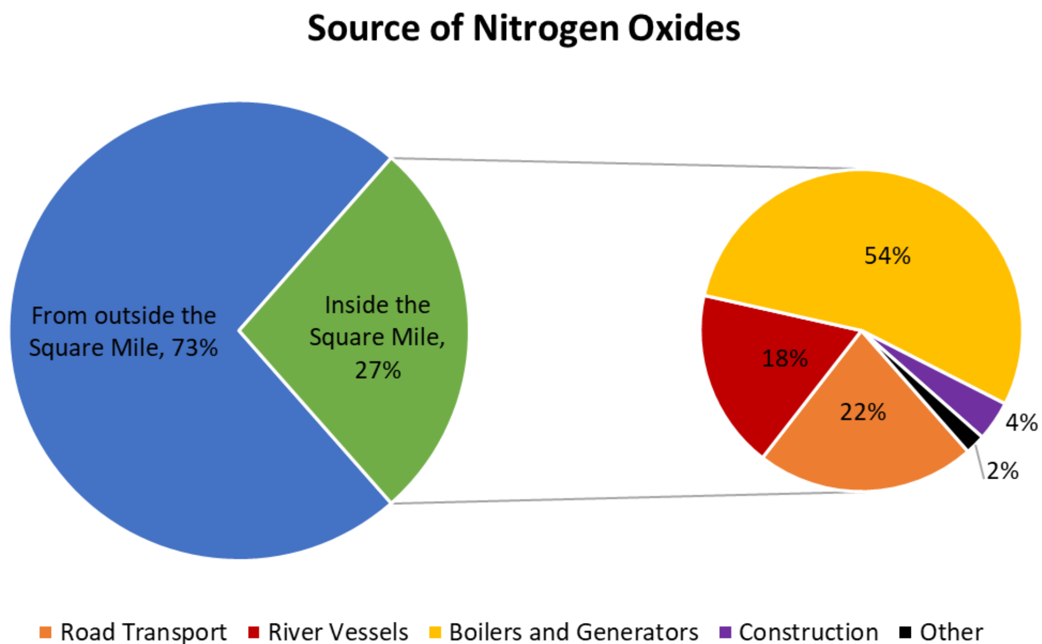
Figure 1.1 presents approximate emissions of NO_x that impact on air pollution measured in the Square Mile[7]. Approximately 75% of the nitrogen oxides in the Square Mile come from outside the boundary. The remaining 25% is made up of emissions from combustion plant such as boilers, generators, combined heat, and power plant (CHP), road transport, river vessels and construction activity. Appendix 3 details how emissions sources in the Square Mile have changed over time.

[5] Greater London Authority (2021), London Atmospheric Emissions Inventory 2019, London Datastore

[6] Ricardo Energy & Environment (2022), City of London – $PM_{2.5}$ Emissions Inventory and Source Apportionment, ED16224

[7] Cambridge Environmental Research Consultants (2024), Determination of the area of the City of London exceeding the NO_2 air quality limit value in 2022 using modelling and measurements, FM1424.

Figure 1.1: Emission Sources, Nitrogen Oxides



Particulate matter can travel large distances, with up to 33% transported to the UK from other European countries. Additionally, around 15%, comes from natural sources such as pollen, sea spray and desert dust. The remaining amount, approximately 50%, comes from anthropogenic sources such as solid fuel burning and road transport[8].

Figure 1.2 details the approximate origin of PM_{10} measured in the Square Mile. Over 90% is generated outside the boundary with the largest source within the Square Mile being associated with construction activity.

[8] Department for Environment Food & Rural Affairs (2024), Emissions of air pollutants in the UK – Particulate matter (PM_{10} and $PM_{2.5}$)

Figure 1.2: Emission Sources, PM_{10}

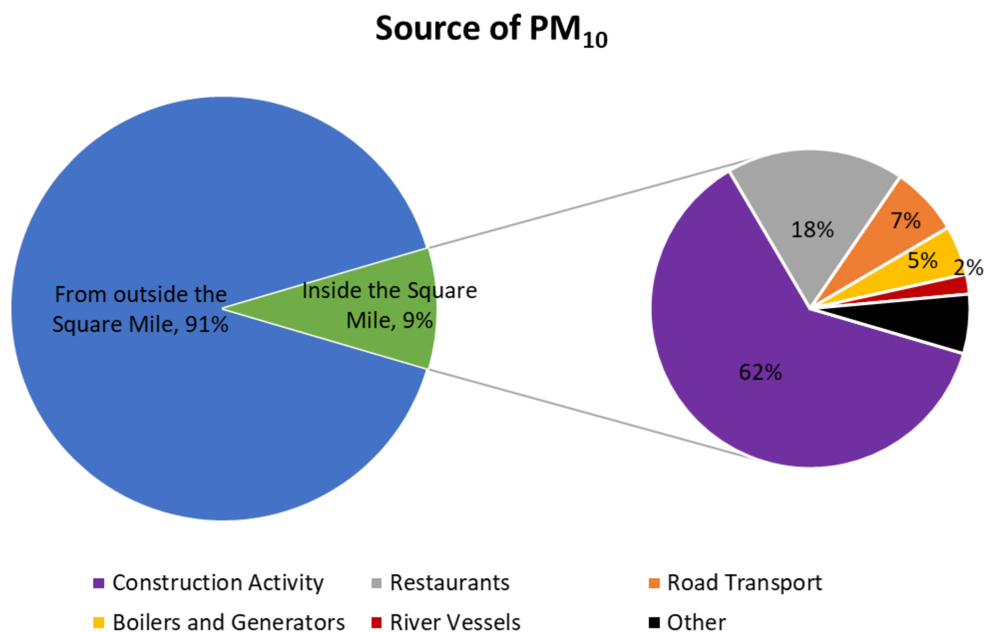
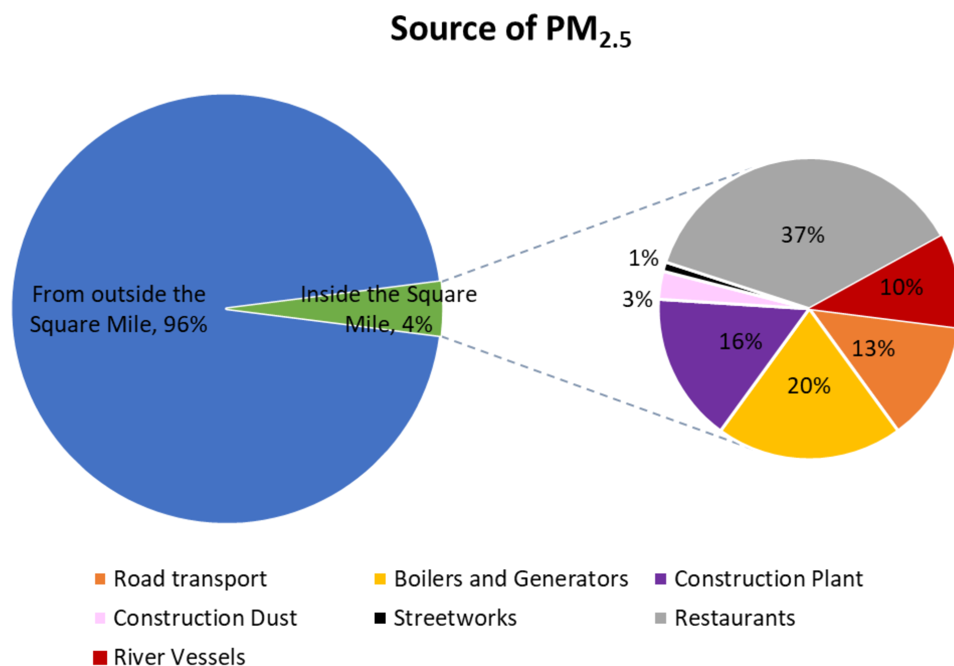


Figure 1.3 shows the approximate origin of $PM_{2.5}$ measured in the Square Mile. 96% of that measured comes from outside the City of London boundary. Of the remaining 4%, the main contributor to local $PM_{2.5}$ is commercial cooking, both from the fuel used and the food itself.

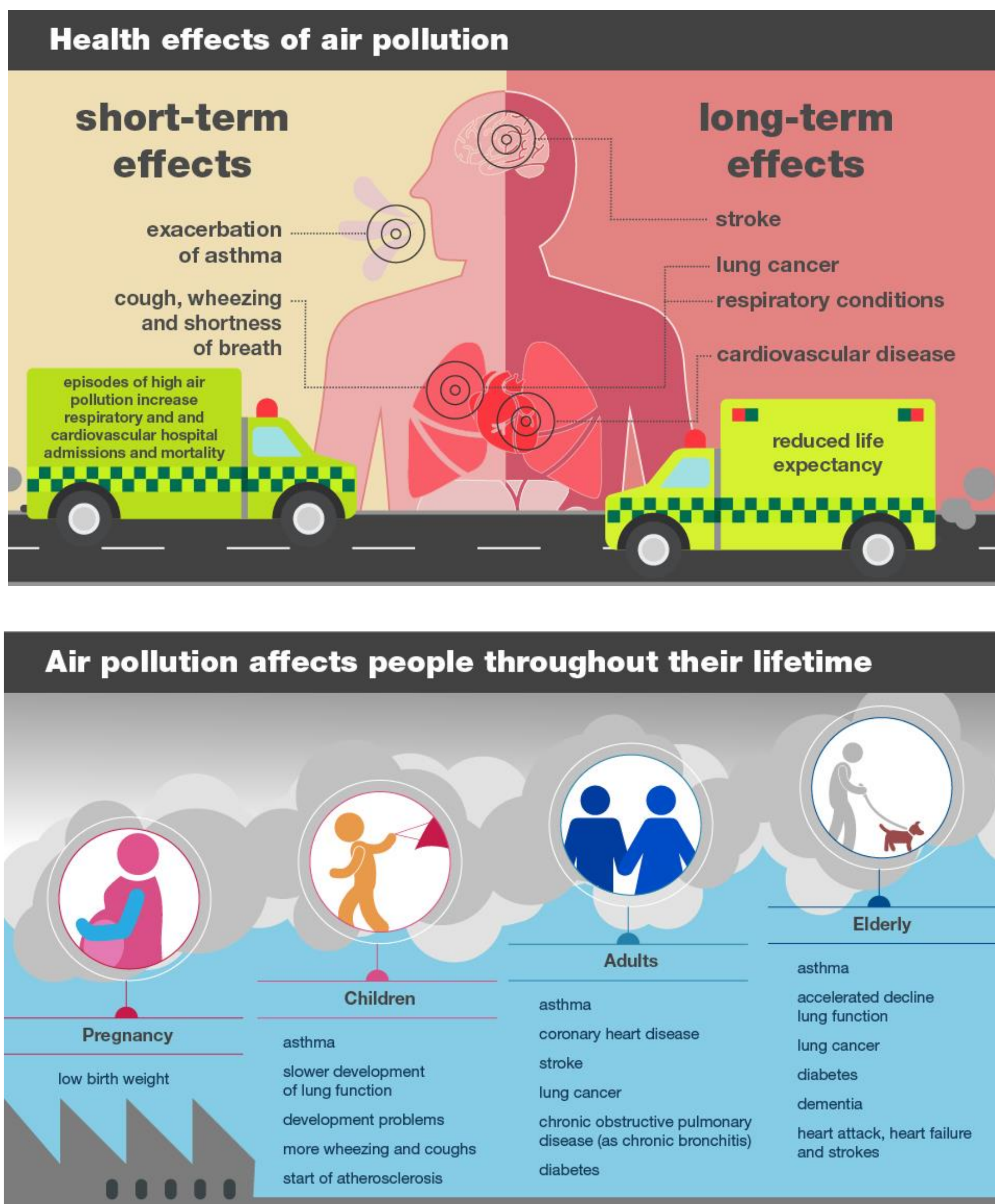
Figure 1.3: Emission Sources, $PM_{2.5}$



1.2 Health Impacts of Air Pollution

Air pollution is associated with a range of adverse health impacts, with the evidence base strengthening year on year. Elevated concentrations of air pollution particularly affect society's most vulnerable populations; children, the elderly, and those with existing medical conditions. Long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy. Short-term acute exposure can impact on lung function, exacerbate asthma, and lead to an increase in respiratory and cardiovascular hospital admissions and mortality.

Figure 1.4: Health Effects of Air Pollution[9]



[9] Source: UK Health Security Agency (2018), Health matters: air pollution

2 Air Quality Monitoring

Commitment:
The City Corporation will monitor air quality to assess compliance with national air quality standards and internal air quality targets.

The City Corporation has been monitoring air quality for over 60 years. Monitoring is a vital component of air quality management and fulfils the following functions:

- to assess compliance against air quality standards and health guidelines, and consequently the impact on health;
- to assess long term monitoring trends and the effectiveness of policies and interventions to improve air quality;
- to raise public awareness and create alerts when levels of air pollution are high.

Air pollution monitoring is undertaken across the Square Mile using two methods: automatic analysers and passive monitoring. The pollutants nitrogen dioxide, PM_{10}, $PM_{2.5}$ and ozone (O_3) are monitored using automatic analysers. The Aldgate School monitoring site (pictured) houses equipment to measure nitrogen dioxide, PM_{10}, and $PM_{2.5}$. Full details of the automatic monitoring sites are provided in Appendix 4, and their locations are presented in Figure 2.1.

Passive diffusion tube samplers are devices which are exposed to the air for a month and then analysed in a laboratory later. They are used to measure NO_2 and in 2023 there were over 70 monitoring locations, see Figure 2.2. The locations selected for air quality monitoring are reviewed annually.

Full details of past monitoring locations can be found in the City Corporation Annual Status Reports (ASRs). All City Corporation automatic monitoring data is currently available on the Air Quality in England website, and diffusion tube results are available on the City Corporation website.

All 2023 monitoring data included in this draft strategy is provisional. All data undergoes rigorous checks before it is certified. The certified data for 2023 will be included in the final strategy which will be published in autumn 2024.

Figure 2.1: City Corporation Automatic Monitoring Sites

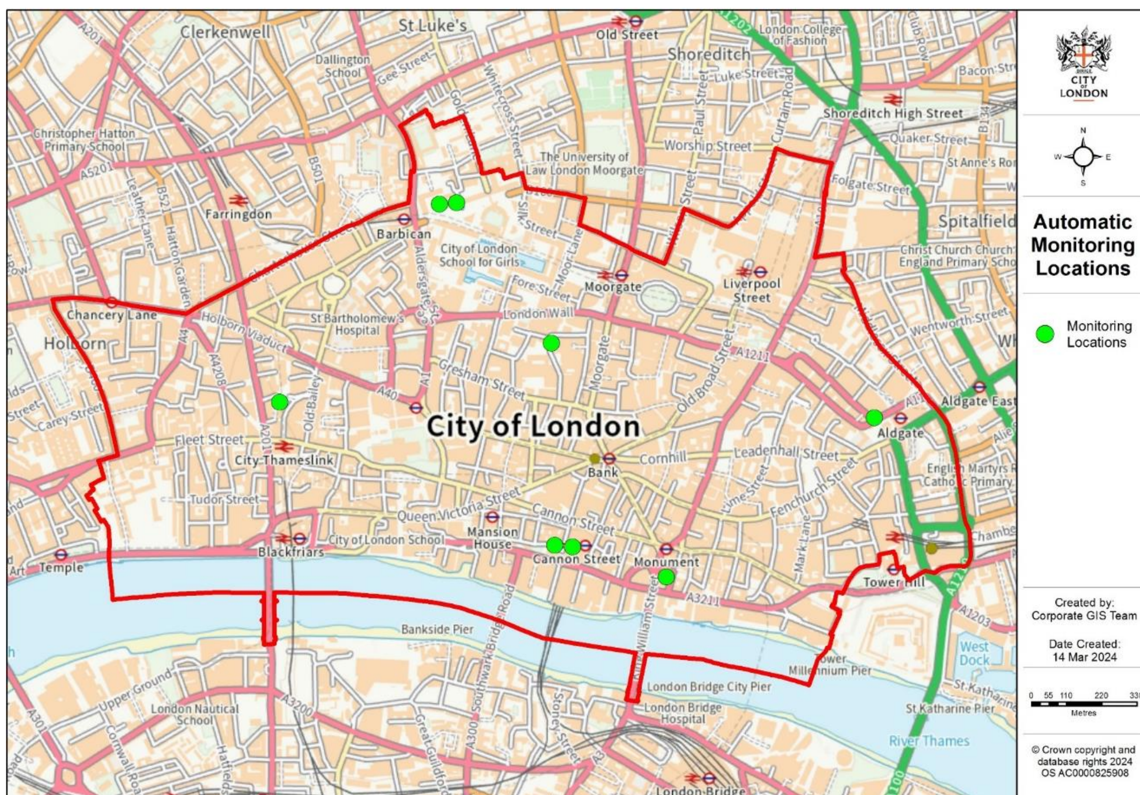
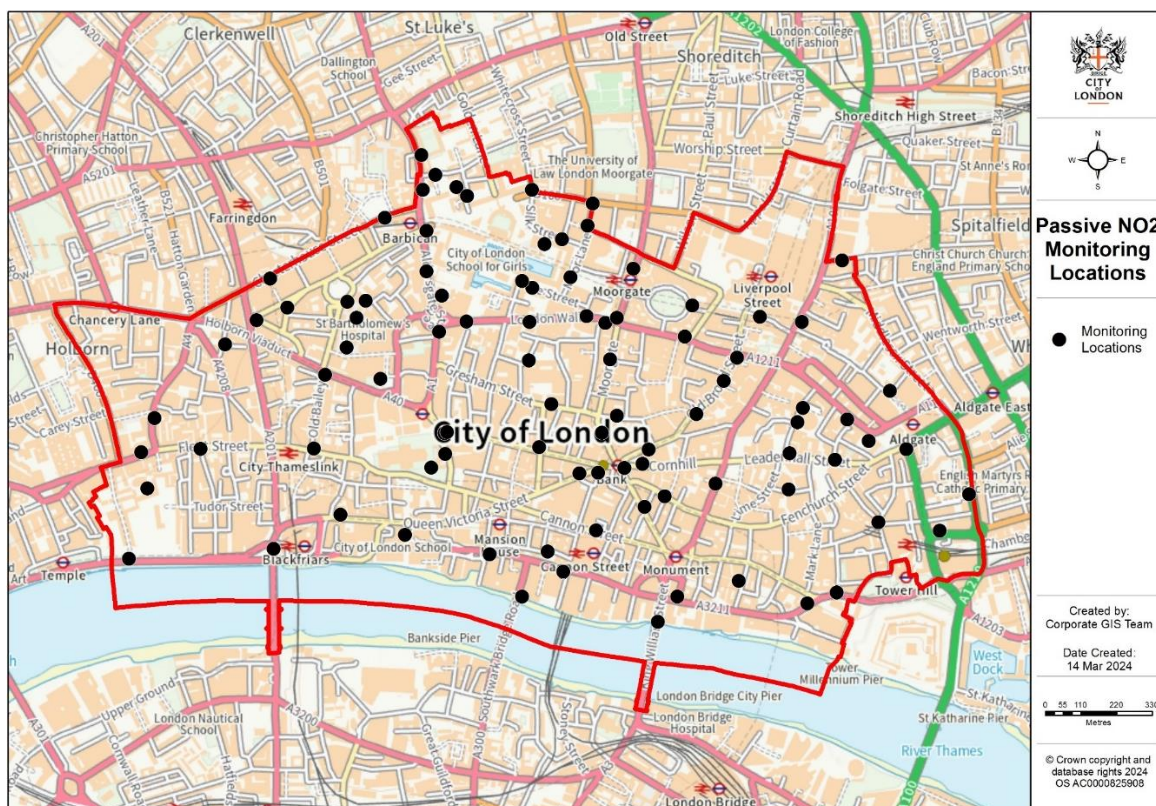


Figure 2.2: City Corporation Passive Nitrogen Dioxide Monitoring Sites



2.1 Nitrogen Dioxide, NO_2

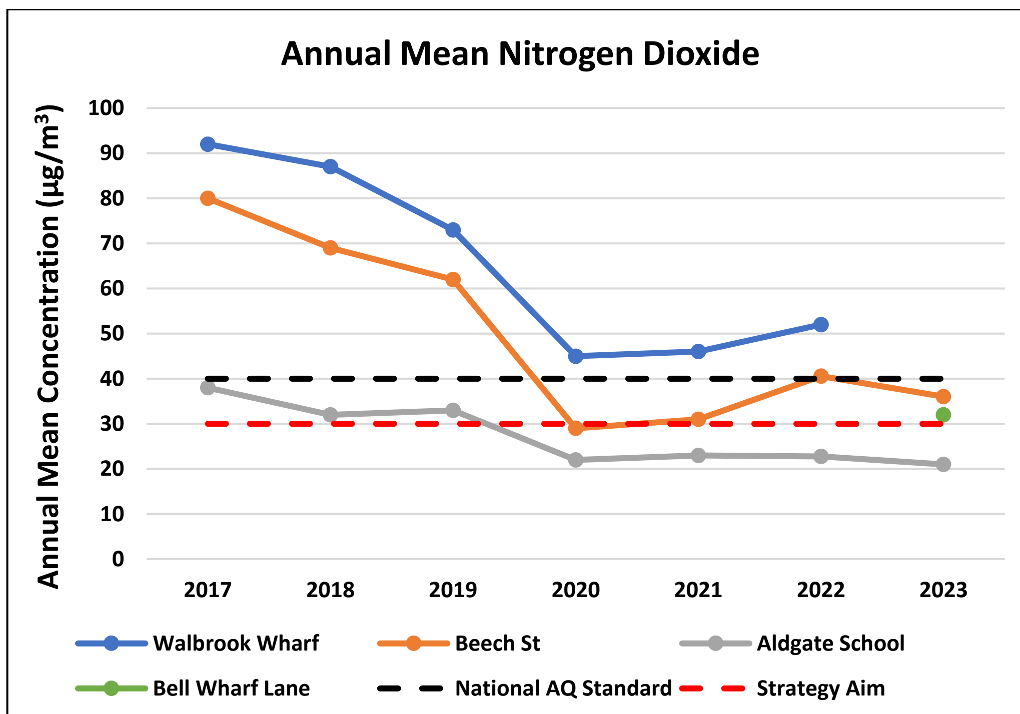
2.1.1 Continuous Monitoring

Figure 2.3 details annual mean nitrogen dioxide concentrations at City Corporation monitoring sites for the past seven years. To see how concentrations have changed over the past 15 years, see Appendix 4.

Concentrations have significantly reduced at all three locations measured. The lowest annual mean concentrations were experienced during the COVID-19 pandemic of 2020. Since 2020 there has been, as expected, a small rebound in roadside concentrations, though concentrations have not returned to pre-pandemic levels.

The final year where monitoring data was collected at the Walbrook Wharf location was 2022. This location has now been decommissioned due to changes in office accommodation, with a new monitoring site established nearby on Bell Wharf Lane.

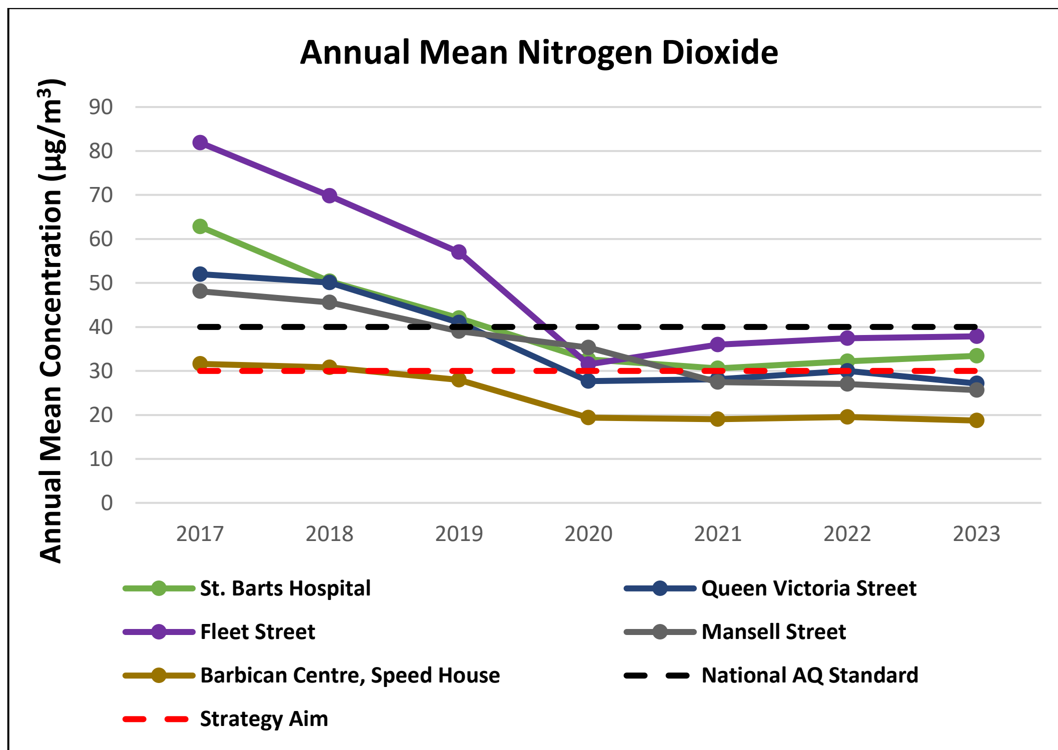
Figure 2.3: Annual Mean Nitrogen Dioxide



2.1.2 Non-continuous (Passive) Nitrogen Dioxide Monitoring

Data for five locations where nitrogen dioxide has been measured long-term using passive diffusion tubes is presented in Figure 2.4. All five sites have been compliant with the national annual mean standard since 2020, with three of the sites meeting the strategy aim for levels below 30µg/m^3 in 2023.

Figure 2.4: Annual Mean Nitrogen Dioxide, Passive Monitoring

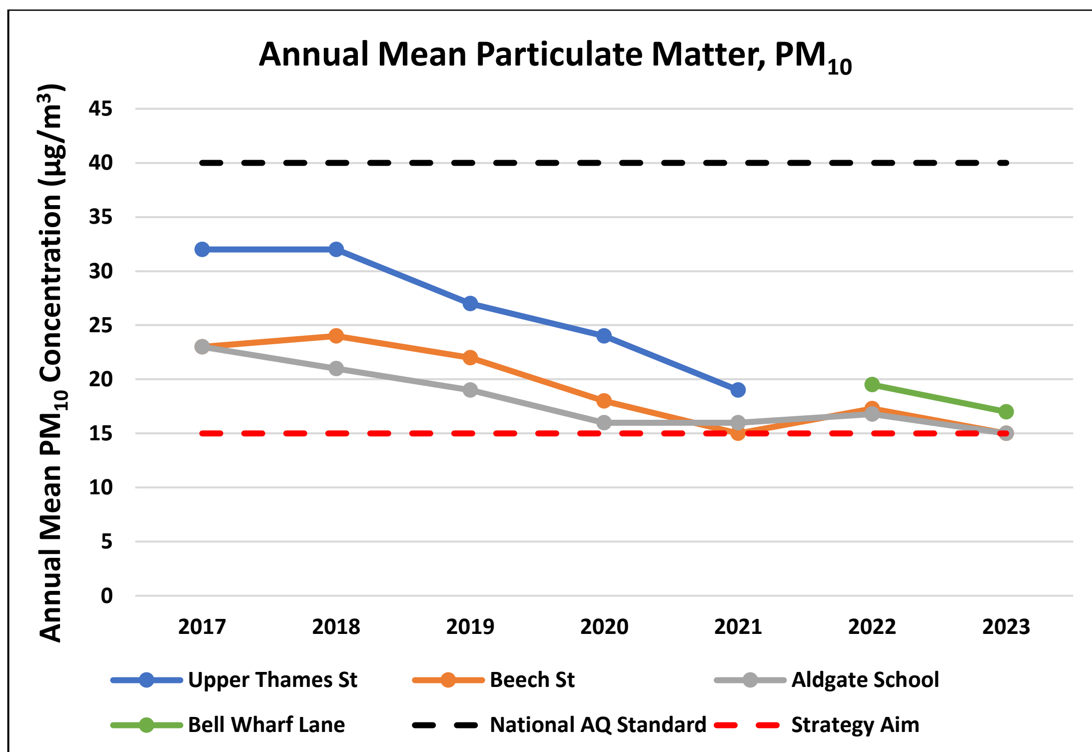


2.2 Particulate Matter, PM_{10}

Annual mean PM_{10} concentrations have also reduced. Compliance with the national PM_{10} annual mean standard has been achieved at all sites for the past seven years. The aim to achieve an annual PM_{10} concentration of 15µg/m^3 by 2030 was met at Beech Street in 2021, and at the Aldgate School in 2023.

2021 was the final year where monitoring data was collected at the Upper Thames Street location. This monitoring site has since been decommissioned, with a new monitoring site established nearby on Bell Wharf Lane.

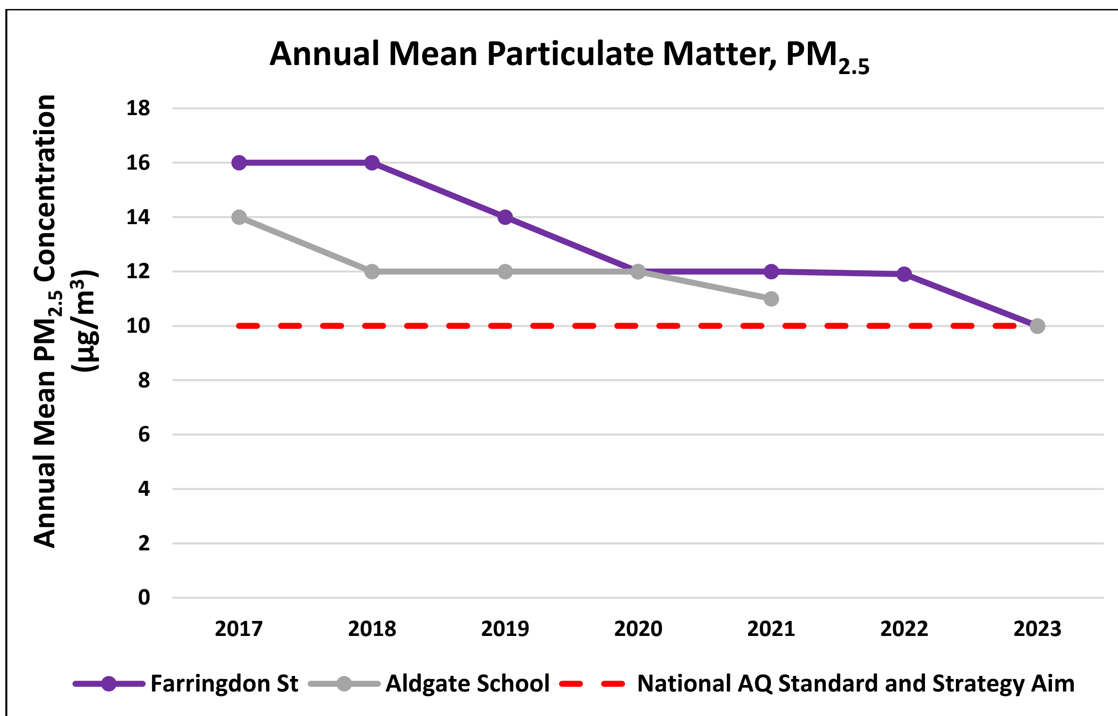
Figure 2.5: Annual Mean PM_{10}



2.3 Particulate Matter, $PM_{2.5}$

Both monitoring sites breach the new national standard of 10µg/m^3 that is to be achieved by 2040. Similar concentrations of $PM_{2.5}$ have been monitored at the two monitoring sites since 2020.

Figure 2.6: Annual Mean $PM_{2.5}$



Notes:.
The 2022 result for The Aldgate School is not available due to poor data capture for the year.

2.4 Dispersion Modelling

Air quality monitoring provides data for specific locations. The monitoring data is supplemented by computer modelling to enable the assessment of a wider geographical area. In addition, modelling is also used to predict future concentrations of air pollution which assists with action planning.

The LAEI estimates both concentrations and emissions for each of the 32 London Boroughs and the City Corporation. Analysis of the current LAEI data for the City Corporation is presented in Appendix 3.

2.4.1 Demonstrating Success

Whilst air quality in the Square Mile is undoubtably improving, there is further work to be done to ensure that the aims of this strategy are achieved.

One aim of the previous strategy was to ensure that the national air quality standard for annual mean nitrogen dioxide (40µg/m^3) was achieved in over 90% of the Square Mile by 2025. An annual assessment has been undertaken since 2018 to track progress. The most recent assessment completed is for 2022. Data for 2023 will be available for the final

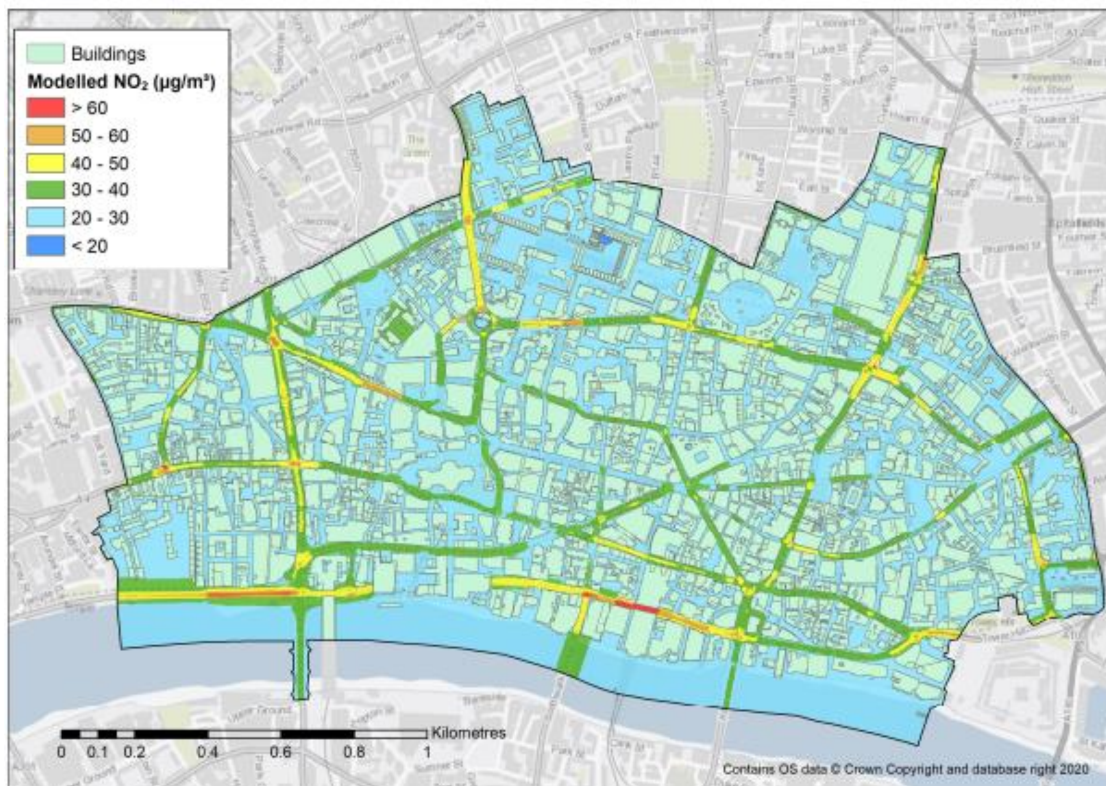
version of the strategy. As can be seen in Table 2.1 the target was met ahead of time in 2020.

Table 2.1: Nitrogen Dioxide Assessment Statistics, 2018-2022

Year	Publicly Accessible Area Meeting the Annual Mean Nitrogen Dioxide Standard, 40µg/m³
2018	30%
2019	67%
2020	93%
2021	94%
2022	93%

One of the aims of this strategy is for over 90% of publicly accessible areas in the Square Mile to meet a nitrogen dioxide annual mean of 30µg/m³ by the end of 2030. In 2022, 76% of the Square Mile was below 30µg/m³.

Figure 2.7: Modelled Annual Mean Nitrogen Dioxide, 2022



2.5 Air Quality Monitoring on the wider City Corporation Estate

In addition to monitoring air quality in the Square Mile, the City Corporation also undertakes periodic monitoring at the City Markets, Open Spaces (public parks) and in 2024 will commence monitoring on the City Bridges.

Monitoring generally takes place to assess levels of pollution that users of the sites are exposed to. For Open Spaces, it is also done to see how air pollution impacts on

ecosystems. In Epping Forest, nitrogen dioxide and ammonia will be measured for 12 months starting in April 2024. These sites will be located near roads, in the forest itself and in locations that are sensitive to nitrogen pollutants such as heathlands and sites that are home to vulnerable species of moss. The data will be assessed to see whether levels of pollution might be damaging habitats. A similar study was undertaken in 2004.

Air Quality Monitoring

We will

Undertake monitoring of nitrogen dioxide, PM_{10}, $PM_{2.5}$ and ozone using continuous analysers at a minimum of five locations.

Maintain a nitrogen dioxide monitoring network utilising diffusion tubes, ensuring a high degree of spatial coverage.

Review all monitoring locations annually.

Ensure the live data from the continuous monitoring network is made available to the public.

Undertake an annual assessment to demonstrate progress with the aims of this strategy.

3 Leading by Example

Commitment:
The City Corporation will lead by example to improve local air quality and reduce exposure to air pollution.

Improving air quality is a priority for the City Corporation with the development and implementation of air quality policy being overseen by the Port Heath and Environmental Services Committee. The City Corporation Health and Wellbeing Board supports measures for improving local air quality. The City's Joint Strategic Needs Assessment recognises the significance of air pollution on public health.

The City Corporation Corporate Plan 2024 to 2029[10] details the City Corporation's commitment to act as a leader on environmental sustainability. Climate action and resilience, air quality, and sustainability are all aspects of ambitious targets for the entire City to be net zero by 2040.

3.1 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. The City Corporation owns or leases 122 vehicles. The majority of these are not used in the Square Mile. At the time of writing, forty of the vehicles are fully electric or hybrid.

Since January 2016, a policy has been in place that diesel vehicles cannot be purchased or leased if there are low or zero tailpipe emission options available. A fuel hierarchy is in place for new vehicles:

1. Full electric
2. Plug-in hybrid
3. Petrol hybrid (regenerative braking)
4. Petrol
5. (Euro 6/ VI) Diesel Fleet Operator Recognition Scheme Accreditation

The Fleet Operator Recognition Scheme (FORS) is a voluntary accreditation scheme designed to help fleet operators improve standards in their organisation. Bronze, Silver, or Gold accreditation is awarded to organisations based on a range of criteria including emissions and fuel efficiency. The City Corporation has been awarded the Gold FORS accreditation standard for over a decade.

3.2 Procurement Strategy

The City Corporation Procurement Strategy 2020 to 2024 and Responsible Procurement Policy, support the aims of this strategy by:

[10] City Corporation (2024), Our Corporate Plan 2024-2029

- Ensuring that suppliers minimise air and noise pollution associated with contracts;
- Procuring vehicles, plant and equipment with the lowest emissions and pollutants possible.
- Large contracts include a ‘no vehicle engine idling’ policy.

Contracts that use vehicles are required to put additional measures in place to help reduce air pollution. For example, the City Corporation’s waste collection contract uses a fully electric fleet of dustcarts. There is a flexible approach with a menu of options, detailed below, which are periodically reviewed:

- Set ambitious targets for the reduction of nitrogen oxides, PM_{10} and $PM_{2.5}$ emissions from vehicles over the life of the contract.
- Set an ambitious target for increasing the use of zero tailpipe emission vehicles over the life of the contract.
- Set a target for a reduction in the number of motorised vehicle trips that form part of the services.
- Develop a logistics approach that avoids vehicle movements during peak congestion and pedestrian footfall times, 07:00–10:00, 12:00–14:00, 16:00–19:00.
- Use technology that supports air quality improvement e.g., gear shift indictors, stop-start ignition, software to monitor green driving.
- Green driver training for Contractor Staff used on the Contract, offer safer urban driving courses to drivers.
- Another innovative action to support the Air Quality Strategy that the City would reasonably deem of an equivalent level of ambition.

3.3 Climate Action Strategy

The City Corporation has an ambitious Climate Action Strategy (CAS)[11] supported by a £68 million investment. Annual carbon emissions from the City Corporation’s own operations have already been reduced by 66% between 2018/2019 and 2021/2022[12]. Since 2018, 100% of the electricity purchased by the City Corporation has been from renewable sources, and in 2020 the City Corporation became the first UK local authority to sign a 15-year Power Purchase Agreement to purchase electricity from a new solar farm of 49.9MW capacity. At the time of writing, more than half of the City Corporation’s electricity comes from this renewable source.

The CAS contains the following commitments which support the aims of this strategy:

- Net zero by 2027 in the City Corporation’s operations
- Net zero by 2040 across the City Corporation’s full value chain
- Support the achievement of net zero by 2040 in the Square Mile

Measures underway to achieve the aims of the CAS include:

- Transforming the energy efficiency of operational buildings through the adoption of best available technologies

[11] The City of London Corporation (2020), Climate Action Strategy 2020-2027
[12] The City of London Corporation (2024), Taking Climate Action: Our Progress 2023

- Maximising use of renewable energy
- Accelerating the move to net zero carbon and improving energy efficiency in tenanted buildings
- Developing a Square Mile Local Area Energy Plan

3.4 Transport Strategy

The City Corporation Transport Strategy[13] has delivered a reduction in the number of motor vehicles in the Square Mile[14]:

- The total number of motor vehicles decreased by 26% between 2017 and 2022.
- The number of freight vehicles decreased by 14% between 2017 and 2022.

At the time of writing, the City Corporation 25-year Transport Strategy is undergoing a review. The proposed approach is to continue to improve air quality through traffic reduction and support the transition of the remaining vehicles on City streets to low and zero emission.

The focus of the Transport Strategy is:

1. Prioritising the needs of people walking, making streets more accessible and delivering high quality public realm.
2. Making the most efficient and effective use of street space by reducing motor traffic, including the number of delivery and servicing vehicles.
3. Seeking to ensure that no one is killed or seriously injured while travelling on City streets, including measures to deliver safer streets and reduced speeds.
4. Enabling more people to choose to cycle by making conditions for cycling in the Square Mile safer and more pleasant.
5. Improving air quality and reduce noise, including by encouraging and enabling the switch to zero emission capable vehicles.

3.5 Rewarding Best Practice

The City Corporation runs award schemes to recognise stakeholder best practice.

3.5.1 The Clean City Awards Scheme

This scheme has been devised to encourage and reward sustainable business and it celebrated its 30th anniversary in 2024. The awards focus on driving action across the following areas:

- Air quality and climate action
- Communication and engagement
- Resource efficiency and circular economy
- Transitioning towards a Plastic Free City

[13] The City of London Corporation (2019), City Streets: Transport for a changing Square Mile, City of London Transport Strategy
[14] The City of London Corporation (2023), City Streets 2023 summary report

The 2024 winner of the Air Quality and Climate Action Award was 20 Fenchurch Street Ltd through their work to reduce the environmental impact of light pollution. Project Go Dark reduced energy use by 3,3780kW over a 13-month period by turning office lights off when not needed.

Figure 3.1: 2024 Air Quality and Climate Action Award Winners, 20 Fenchurch Street Ltd[15]

3.5.2 Considerate Contractors and Street works Schemes.

The Considerate Contractors and Street works schemes are open to contractors undertaking building and civil engineering, or street works in the Square Mile. Members of both schemes agree to follow a Code of Conduct which exceeds the legal minimum requirement and ensures that general standards of work are improved.

There are annual awards attached to membership of the schemes. The Considerate Contractors Award includes a category for exceptional or innovative environmental practice. The 2023 Environment Award was given to the Mace Group for their work at Stonecutter Court.

3.6 Proposal for New Regulatory Powers

Whilst there is a great deal of action underway to reduce emissions from road traffic, there is currently a lack of effective control to deal with emissions from combustion plant (boilers, generators, non-road mobile machinery [NRMM] and CHP).

Monitoring has revealed that there can be a significant local impact on levels of air pollution from some combustion plant. The City Corporation identified the need for a practical, local authority focused piece of legislation to deal with this form of pollution and put the proposals together in a Private Members Bill. The Emissions Reduction (Local Authorities in London)

[15] 20 Fenchurch Street Ltd, courtesy of Clive Totman

Bill[16] had its first reading in the House of Lords and is used as a basis for pressing for new powers to manage emissions of pollutants from combustion plant.

Leading by Example

We will:

Fulfil the City Corporation's Climate Action Strategy commitments.

Reduce emissions from the City Corporation's fleet.

Deliver the City Corporation Transport Strategy to reduce emissions from vehicles in the Square Mile.

Encourage the use of zero tailpipe emission vehicles through the City Corporation supply chain.

Deliver the Clean City Awards and Considerate Contractors Environment Award Schemes to reward exceptional and innovative practice to improve air quality.

Work with external organisations to promote the proposals in the Emissions Reduction (Local Authorities in London) Bill.

[16] UK Parliament (2019), Emissions Reduction (Local Authorities in London) Bill

4 Collaborating with Partners

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

As a significant amount of air pollution monitored in the Square Mile is not generated within its boundary, the City Corporation works with a wide range of partners to improve air quality. This collaborative work is an essential component of air quality management.

4.1 Designated Air Quality Partners

The Environment Act 2021 introduced the new concept of designated Air Quality Partners (AQPs) into the Local Air Quality Management (LAQM) framework. An AQP is required to assist a local authority with any reasonable request to work towards reducing air pollution emissions.

The designated AQPs relevant to the strategy are listed in Table 4.1, and the actions being taken by the AQPs to reduce air pollution are detailed in Appendix 5.

Table 4.1: Designated Air Quality Partners

The Mayor of London: The Greater London Authority	The London Environment Strategy was published with an aim for London to have the best air quality of any major city by 2050. The City Corporation works closely with the GLA to knowledge share and develop targeted actions to reduce air pollution.
The Mayor of London: Transport For London	Through the Mayor of London, the City Corporation also works very closely with TfL. TfL is the integrated transport authority responsible for meeting the Mayor's commitments on transport. It runs the day-to-day operation of public transport, including the licencing of taxi cabs and private hire vehicles.
The Environment Agency	The Environment Agency (EA) is a public body with responsibilities for the protection and enhancement of the environment. The EA regulates several operations that have the potential to affect air quality negatively under the Environmental Permitting Regulations. This includes combustion plant that are subject to the requirements of the Medium Combustion Plant (MCP) Directive. All new MCP should now comply with the regulations, and all existing MCP above 1MWth should have a permit in place by 1 January 2029.
The Port of London Authority	The Port of London Authority (PLA) is the custodian of the tidal Thames. The relative proportion of the river's contribution to London's emissions has been increasing as emissions from road vehicles have fallen due to newer cleaner vehicles. Initially published in the 2018, the PLA Air Quality Strategy was the first strategy developed by a port.

4.2

4.3 Additional Partnerships

In addition to the designated AQPs, the City Corporation works very closely with a range of other partners on actions to improve air quality and raise awareness.

Table 4.2: Additional Partnerships

London Boroughs and London Councils	The City Corporation sits within the Central London Air Quality Cluster Group which is comprised of 7 London Boroughs plus the City Corporation. The group meets quarterly to discuss best practice and deliver joint programmes for improving air quality. The City Corporation also chairs the London Air Quality Steering Group. The group aims to direct and influence air policy across London. Members include London Councils, London Boroughs, the EA, the GLA, TfL, the PLA, and the UK Health Security Agency (UKHSA).
Cross River Partnership	Cross River Partnership (CRP) supports public, private, and voluntary organisations to address challenges around air quality, transport, placemaking and wellbeing. The chair of the Port Health and Environmental Services Committee co-chairs the CRP Board, and officers engage with CRP on a range of pan London projects.
Universities and Research Groups	The City Corporation sits on the Air Pollution Research in London (APRIL) steering group. APRIL identifies priority areas for research to improve air quality in London and other major cities, supports the development of new scientific research and communicates the latest research findings. In addition, the City Corporation commissions and supports research that aids understanding and improvement of air quality.
Third Sector	The City Corporation works with a range of non-government and non-profit-making organisations, with particular focus on health messaging and community engagement.
Businesses operating in the Square Mile	The City Corporation works with a range of organisations in the Square Mile to quantify and where possible reduce, air pollution emissions from their activities. This includes, but is not limited to, the construction, restaurant, finance, accounting, and legal sectors.

An example of a collaborative project is *Clean Air Thames* where the City Corporation worked with the PLA and CRP. For the project, a 34-year-old river vessel was retrofitted with pollution emission reduction technology. For the vessel, Driftwood II, this resulted in reductions for all pollutants monitored, including nitrogen dioxide and particulate matter.

Collaborating with Partners

We will:

Work with designated and non-designated Air Quality Partners to collaborate on policies and measures to improve air quality across the Square Mile and Greater London.

Support research into measures to improve air quality and into the health impacts of air pollution.

5 Reducing Emissions

Commitment:
The City Corporation will implement a range of measures to reduce emissions of air pollutants across the Square Mile

5.1 Transport Emissions

The movement of people and goods in and around the Square Mile contributes to air pollution. The road network is used intensively; particularly during the working week as vehicles service City businesses. The Square Mile is located within the London Low Emission Zone, the Congestion Charge Zone, and Ultra Low Emission Zone.

The City of London is very well served by public transport. There are a high number of bus routes passing through the Square Mile, with most buses being hybrid or fully electric. A high number of Hackney Carriages are present. At the time of writing almost 8,500 licensed taxis are zero tailpipe emission capable (ZEC), which accounts for over half of the fleet.

5.1.1 Idling Vehicles Engines

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.
- Issuing Penalty Charge Notices where appropriate. In 2023 11 warning notices and 4 Penalty Charge Notices were issued for unnecessary engine idling in the Square Mile.
- Distributing information leaflets.
- Installing street signs and place signs on lamp posts.
- Writing directly to companies.
- Working with local businesses.
- Enforcement at street works and construction sites.

Since pioneering the volunteer led Idling Action Days in 2015, the City Corporation has overseen pan London Idling Action, and continues to work with other London boroughs on programmes to tackle unnecessary vehicle engine idling across the capital.

5.1.2 Parking Charges

The City Corporation operates an emission based on-street and off-street parking charging system. Older, more polluting vehicles pay a higher charge to park in the Square Mile, see table 5.1.

Table 5.1: Parking Charges as of 2024

Vehicle Type	On Street, Mon-Fri (p/hr)	Off Street (p/hr) *	Off Street Annual Season Ticket (per quarter)	Smithfield Overnight (up to 3-hours)
Electric or hydrogen or hybrid	£5.00	£4.50	£2,500	£1.80
Petrol vehicles registered from 2005	£7.20	£5.00	£2,650	£2.00
Diesel vehicles registered from 2015	£7.20	£5.00	£2,650	£2.00
Other vehicles	£10.00	£7.00	£3,650	£3.50

*City Corporation car parks: Baynard House, London Wall, Minories and Tower Hill

5.2 Non-Transport Emissions

Non-transport sources make a significant contribution to air pollution in the Square Mile. As emissions from road vehicles have declined in recent years, the relative proportion of emissions from non-transport sources had increased.

5.2.1 New developments

The Square Mile is in a constant state of redevelopment with planning policy being an important mechanism for improving air quality. The City Corporation is developing a new Local Plan, the City Plan 2040. This sets out the Corporation's vision, strategy, and objectives for planning, together with policies that will guide future decisions on planning applications.

The draft City Plan 2040 supports the City Corporation's drive to improve local air quality. The draft proposals relating to air quality are detailed in Appendix 6.

The City Corporation published an Air Quality Supplementary Planning Document (SPD) in July 2017. The SPD provides developers with information on air quality assessments, and how to mitigate air pollution through appropriate building design, method of construction and choice of heating and energy plant.

The SPD will be updated to align with the City Plan 2040, following its adoption. The update will include the latest best practice guidance and technological advances.

5.2.2 Construction and Demolition

At any given time, there are many active demolition, construction, and refurbishment sites in operation in the Square Mile. There are also many short-term street works. The City Corporation has a Code of Practice (CoP) for construction and demolition[17], detailing environmental standards and operational techniques that it expects all contractors to adhere to.

Construction has been identified by the LAEI as the highest source of PM_{10} emitted in the Square Mile. Therefore, close management and mitigation of construction emissions is a priority for the City Corporation. The CoP reflects best practice guidance issued by the Mayor of London[18]. Regular on-site checks are completed on all large construction sites to ensure compliance with the CoP.

5.2.3 Non-Road Mobile Machinery (NRMM)

NRMM is a broad category which includes mobile machines and equipment, or vehicles not intended for transporting goods or passengers on roads.

The City of London is within the Central Activity Zone (CAZ) of the London NRMM Low Emission Zone. The NRMM Low Emission Zone requires that all engines used on construction sites with a power rating of between 37kW and 560kW must meet a specified emission standard.

Table 5.2 details the dates by which equipment used during construction is required to meet the specified standard. Construction sites across the Square Mile are regularly inspected to ensure compliance.

Table 5.2: NRMM Low Emission Zone Requirements

	NRMM Low Emission Zone Area	
	Greater London	**CAZ / Canary Wharf / Opportunity Area**
Before January 2025	Stage IIIB	Stage IV
From 1 January 2025	Stage IV	Stage IV
From 1 January 2030	Stage V	Stage V

NRMM is also used in short-term street works. The emission standards used on construction sites don’t apply to street works. The City Corporation has been pressing for new powers to deal with this unregulated source of pollution through its Emissions Reduction (Local Authorities in London) Bill.

[17] City of London Corporation (2019), City of London Code of Practice for Deconstruction and Construction Sites, Ninth Edition
[18] Mayor of London (2014), The Control of Dust and Emissions During Construction and Demolition: Supplementary Planning Guidance

5.2.4 Commercial Heat and Power

The largest source of nitrogen oxide emissions in the Square Mile is gas boilers providing heat and hot water to commercial premises. Back-up or standby diesel generators are an additional source which, although only used periodically, do contribute to air pollution in the Square Mile[6].

The London Plan requires major developments to be net zero-carbon. The 'Be Clean' section of the energy hierarchy process, below, has driven a design shift from gas boilers to air source heat pumps in commercial buildings:

1. Connect to local existing or planned heat networks.
2. Use zero-emission or local secondary heat sources.
3. Use low-emission CHP (only where there is a case for it).
4. Use ultra-low nitrogen oxide gas boilers.

The installation of diesel fuelled backup generators in new developments is assessed through the planning process. Developers are asked to consider alternatives where possible. In 2024, a project to investigate the existing stock of backup generators in the Square Mile commenced. The aim of the project is to gather information, and to ensure any Environmental Permit requirements managed by the Environment Agency are complied with.

5.2.5 Commercial Cooking

Research undertaken by the City Corporation to assess $PM_{2.5}$ emission sources in the Square Mile revealed that commercial cooking is the largest source at 37%[6]. Work is underway to consider how emissions from this sector can be reduced.

5.2.6 Chimneys

Under the Clean Air Act 1993[19], a gas boiler with a rating of 366.4 kilowatts or more is required to have its chimney height approved by the local authority. The City Corporation ensures that chimneys of large boilers are sited and operate in a way that leads to maximum dispersal of pollutants.

5.2.7 Environmental Permitting Regulations

Local authorities regulate a variety of industrial operations to control emissions to air. In the Square Mile, the only operations subject to this are one dry-cleaning operation and the energy centre at Barts Hospital.

Larger combustion plant, boilers, generators, and combined heat and power plant are regulated by the EA. The requirement for a permit depends upon the size of the plant, and in the case of standby generators, how often they are used. All new medium sized plant, put into operation on or after 20th December 2018, will have a permit to operate with conditions designed to minimise pollution. All existing plant between 5MWth and 50MWth

[19] Clean Air Act 1993. (c.11). London: The Stationery Office.

should have a permit in place by 1st January 2024 and all plant above 1MWth by 1st January 2029[20].

5.2.8 Smoke Control

The whole of the Square Mile is a Smoke Control Area (SCA) which means it is an offence to emit smoke from the combustion of fuel from any premises. Exemptions are allowed, for example, for a short period during start-up of an engine. The SCA has been in place since 1954[21]. In a SCA, only fuels that are on the list of authorised fuels or 'smokeless' fuels, can be burnt, unless an 'exempt appliance' is used. Authorised fuels, smokeless fuels and exempt appliances are listed on the Department for Environment, Food and Rural Affairs (Defra) website.

The City Corporation is responsible for enforcing the sale of domestic solid fuels in accordance with domestic solid fuel regulations[22]. Compliance checks are undertaken regularly in shops to ensure only certified solid fuel with the correct labelling is sold.

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[20] The Environmental Permitting (England and Wales) (Amendment) Regulations (EPR) 2018 SI 110, the Medium Combustion Plant Directive (MCPD) EU/2015/2193

[21] City of London (Various Powers) Act 1954. (2 & 3 Eliz. 2. c. xxviii). London: HMSO

[22] The Air Quality (Domestic Solid Fuels Standards) (England) Regulations 2020 (SI 2020 No. 1095)

Reducing Emissions

We will:

Develop further action to reduce annual average concentrations of nitrogen dioxide on all City Corporation roads to below 40µg/m^3.

Take action to discourage unnecessary vehicle idling and enforce anti-idling policies across the Square Mile.

Ensure City Corporation vehicle parking charges favour low and zero tailpipe emission vehicles.

Assess planning applications for air quality impact.

Revise the City Corporation Supplementary Planning Document for Air Quality to reflect the City Plan 2040 and London Plan Guidance.

Ensure emissions from construction sites are minimised.

Manage and mitigate emissions from non-road mobile machinery.

Reduce emissions associated with standby power generation across the Square Mile.

Develop and implement a plan to mitigate emissions of $PM_{2.5}$ from commercial cooking.

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

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

Promote and enforce the requirements of Smoke Control Areas and regulate the sale of solid fuel.

6 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 Square Mile, 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 awareness and understanding about air pollution. 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[23] has identified improving air quality as a key priority to improve the health and wellbeing of residents and workers.

A Public Health Outcomes Framework has been introduced and consists of a set of indicators compiled by the UK Health Security Agency. One of these indicators is Air Pollution, and this is measured against levels of particles ($PM_{2.5}$). The City of London Health profile for 2022 shows that the City of London has a proportion of mortality attributable to particulate air pollution of 8.3%. This is higher than both London as a whole (7.1%) and England (5.8%).

6.1 Provision of 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 website and providing information at events. In addition, an e-newsletter is produced every month.

The City Corporation has an X 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 in response to weather conditions. Levels of air pollution each day are defined as either 'low', 'medium', 'high' or 'very high' which reflects banding devised by the Government[24]. High levels of air pollution occur in the City of London on a small number of days in any year and instances of very high levels of air pollution are now very 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 and receive tailored messages to help them avoid high levels of air pollution. The App includes a map of current pollution

[23] The City of London Corporation (2017), Joint Health and Wellbeing Strategy: 2017-2020

[24] Department for environment, Food and Rural Affairs (2013), Update on Implementation of the Daily Air Quality Index: Information for Data Providers and Publishers

levels and has a function to guide users along low pollution routes. The City Corporation also supports the provision of the AirText messaging service. AirText is promoted to residents and workers who use the service to receive alerts by email, text, and voicemail.

The Mayor of London provides information about levels of pollution through a range of outlets. TfL broadcasts advice whenever air pollution is moderate, high, or very high, and information is sent directly to schools, healthcare professionals, and care homes across London.

As part of a Defra funded project, and in collaboration with the three London boroughs: Hackney; Tower Hamlets and Newham, a web-based information tool 'Air Aware' has been developed. Air Aware aims to improve awareness of air quality and highlights ways in which people can reduce their exposure, and their emissions, of air pollution. A group of residents from all participating boroughs helped design the website to ensure it contained information relevant to them and their communities.

6.2 National Clean Air Day

National Clean Air Day is held in June each year. A range of activities are carried out nationally to raise awareness of air pollution and inspire behaviour change. National Clean Air Day is supported by the City Corporation and each year a diverse schedule of events and activities are run by the air quality team.

6.3 Working with Schools and nurseries

Air quality is measured at all schools and nurseries in the Square Mile. Annual reports are produced containing the monitoring data, and all schools and nurseries are offered awareness raising support and information on how to reduce exposure on routes to and from school.

6.4 Working with businesses

Around 614,500 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 and providing information for internal dissemination.

6.5 Indoor air quality

As concentrations of ambient air pollution improve, attention is turning to indoor air quality. Whist there is no statutory obligation for local authorities to review and assess indoor air

quality, they are encouraged, through government guidance, to provide information to residents. The City Corporation has produced an information leaflet on the sources and health impacts of indoor air pollution.

The City Corporation is also part of a consortium of 16 London boroughs working on a project to assess indoor air quality and the impact of household behaviour change.

Public Health and Raising Awareness

We will:

Prepare annual air quality briefings for colleagues and for the Director of Public Health.

Disseminate information about air quality.

Run events in support of National Clean Air Day.

Work with schools and nurseries in the Square Mile.

Work with businesses to raise awareness of air pollution amongst workers.

Raise awareness of the health impacts of poor indoor air quality.

Appendix 1: Actions to deliver the Air Quality Strategy

Table Key

Dept. = Department responsible

CHB = Chamberlain’s

Env = Environment

IG = Innovation and Growth

Cost =Approximate cost to the organisation per annum:

✓ = <£10,000, ✓✓= £10,000 - £50,000, ✓✓✓ = >£50,000

		Action	Detail	Timeline	Outcome	Dept.	Cost
Air Quality Monitoring	1	Air quality monitoring.	Undertake monitoring of nitrogen dioxide, PM_{10}, $PM_{2.5}$ and ozone using continuous analysers at a minimum of five locations in the Square Mile. Maintain a nitrogen dioxide monitoring network utilising diffusion tubes, ensuring a high degree of spatial coverage across the Square Mile. Review all monitoring locations annually.	Present to 2030	An effective monitoring network providing accurate, trusted, and accessible data. Monitoring data to demonstrate compliance with statutory obligations and assessing the impact of interventions.	Env	✓✓
	2	Air quality data dissemination.	Ensure live data from the continuous monitoring network is made available to the public.	Present to 2030	Better informed public who can make decisions based on available data.	Env	✓✓
	3	Compliance assessment.	Undertake an annual assessment to demonstrate progress with the aims of this strategy.	Annually	Meet statutory obligations for reporting. Track progress with meeting the aims of this strategy.	Env	✓✓

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		Action	Detail	Timeline	Outcome	Dept.	Cost
Leading By Example	4	Fulfil the City Corporation's Climate Action Strategy commitments.	Improve the energy efficiency of operational buildings. Maximise the use of renewable energy sources across operational buildings. Accelerate the move to net zero carbon and improving energy efficiency in tenanted buildings. Develop a Square Mile Local Area Energy Plan.	Present to 2030	Reduced emissions from the City Corporation's operations.	IG	✓✓✓
	5	Reduce emissions from the City Corporation's fleet.	Increase the proportion of electric, hybrid and other low emission / zero tailpipe emission vehicles in the fleet. Work to reduce the size of the corporate fleet. Maintain the Freight Operator Recognition Scheme Gold accreditation.	Present to 2030 Annually	Reduced emissions from the City Corporation's fleet.	Env CHB	✓✓✓
	6	Deliver the City Corporation Transport Strategy.	Prioritising the needs of people walking, making streets more accessible and delivering a high-quality public realm. Making the most efficient and effective use of street space by reducing motor traffic, including the number of delivery and servicing vehicles. Enabling more people to choose to cycle by making conditions for cycling	Present to 2030	Reduced emissions from transport across the Square Mile.	Env	✓✓✓

		in the Square Mile safer and more pleasant. Encouraging and enabling the switch to zero tailpipe emission capable vehicles.				
7	Encourage the use of zero tailpipe emission vehicles through the City Corporation supply chain.	Apply a menu of options for air quality to assist in reducing air pollution from major contracts. Review the menu of options every two years.	Present to 2030 Biannually	Reduced emissions associated with the City Corporation's contracts.	CHB Env	✓
8	Deliver the Clean City Awards and Considerate Contractors Environment Award Schemes.	Reward businesses that take positive action to improve air quality through an annual award. Reward building and civil engineering projects that demonstrate exceptional or innovative practice	Annually	Reduced emissions from City businesses.	Env	✓✓
9	Work with external organisations to promote the proposals in the Emissions Reduction (Local Authorities in London) Bill.	Work with Defra to highlight the need for additional powers for local authorities. Respond to consultations promoting the proposals in the Bill.	Present to 2030	Closed gap in regulatory powers for tackling sources of pollution in the Square Mile.	Env	✓✓

		Action	Detail	Timeline	Outcome	Dept.	Cost
Collaborating With Partners	10	Work with designated and non-designated Air Quality Partners to collaborate on policies and measures to improve air quality across the Square Mile, and Greater London.	Support the activities of the Mayor of London air quality department. Monitor air pollution along the river and support the delivery of the Port of London Air Quality Strategy. Support the Environment Agency with the implementation of the Medium Combustion Plant Directive. Work with Cross River Partnership on collaborative projects. Work on joint projects with the Central London Air Quality Cluster Group. Chair quarterly meetings of the London Air Quality Steering Group.	Present to 2030	Collaboration and the development and implementation of cross London policies for improving air quality.	Env	✓✓
	11	Support research into measures to improve air quality and into the health impacts of air pollution.	Identify priority areas for research to improve air quality and communicate the latest research through membership of APRIL. Investigate the impact of tall buildings on levels of air pollution at street level Subject to funding, commission and support research that aids the understanding and improvement of air quality.	Present to 2030	Improved understanding of how air pollution behaves in a complex urban environment. Increased understanding and support for new technologies and other solutions for reducing air pollution	Env	✓✓

		Action	Detail	Timeline	Outcome	Dept.	Cost
Reducing Emissions	12	Assess options for reducing annual average concentrations of nitrogen dioxide on all City Corporation roads to below $40\mu g/m^3$.	Identify all roads that breach the national standard for nitrogen dioxide. Assess options for reducing emissions of air pollutants to ensure compliance.	2025 - 2027	All roads in the Square Mile that meet the annual average national standard of $40\mu g/m^3$.	Env	✓✓✓
	13	Take action to discourage unnecessary vehicle idling and enforce anti-idling policies across the Square Mile.	Issue Penalty Charge Notices for unnecessary vehicle engine idling. Respond to complaints and erect signs in hot spot areas. Provide awareness training to advise drivers to switch off when parked. Work with London boroughs on pan London action to deal with unnecessary engine idling	Present to 2030	Reduced emissions from unnecessary vehicle idling in the Square Mile. Raised awareness amongst drivers and increased support for anti-idling policy.	Env	✓
	14	Ensure City Corporation parking charges favour low and zero tailpipe emission vehicles in the Square Mile.	On-street and off-street parking charges applied based on vehicle emissions.	Present to 2030	Parking policies that favour low and zero emission vehicles.	Env	✓
	15	Assess planning applications for air quality impact.	Review all relevant planning applications for air quality impact. Require air quality assessments for major developments. Encourage the use of non-combustion technology. Apply stringent emission standards for combustion plant where non-combustion plant is not feasible.	Present to 2030	New developments that do not have a negative impact on local air quality.	Env	✓

		Require all new developments to be Air Quality Neutral as a minimum, and Air Quality Positive where relevant. Require developers to consider alternatives to diesel standby generators. Update the Supplementary Planning Document for Air Quality to reflect the latest guidance.	2025			
16	Ensure emissions from construction sites are minimised.	Ensure compliance with the Code of Practice for Deconstruction and Construction Sites. Inspect construction sites and respond to complaints.	Present to 2030	Reduced emissions from construction activities and plant.	Env	✓
17	Manage and mitigate emissions from non-road mobile machinery.	Undertake inspections of all sites to ensure compliance with the NRMM Low Emission Zone. Support the Mayor of London NRMM Beyond Construction project to understand emissions from NRMM used for roadworks and licenced events.	Present to 2030 2025 - 2026	Reduced emissions associated with construction and demolition operations.	Env	✓
18	Reduce emissions associated with standby power generation across the Square Mile.	Work with building owners to investigate options for reducing emissions and an alternative means of providing emergency back-up power.	2025 - 2026	Reduced emissions from generators.	Env	✓
19	Develop and implement a plan to mitigate emissions of $PM_{2.5}$ from commercial cooking.	Run an awareness raising campaign for mobile food vendors and commercial cooking establishments.	2025 - 2026	Reduced emissions of particulate pollution associated with commercial cooking.	Env	✓

		Work with neighbouring authorities on proposals to mitigate emissions from commercial cooking operations.				
20	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.	Present to 2030	Emissions from chimney stacks have minimal impact on ground level concentrations of air pollution.	Env	✓
21	Ensure that the City Corporation's prescribed processes comply with emission control requirements.	Carry out risk-based inspections of prescribed processes in the Square Mile.	Present to 2030	Regulated operations that comply with the requirements of the legislation.	Env	✓
22	Promote and enforce the requirements of Smoke Control Areas and regulate the sale of solid fuel.	Enforce smoke control provisions and raise awareness of the requirements across the Square Mile. Annual inspections of retail premises that sell solid fuel Engage with food premises to ensure the correct appliances and compliant fuels are used.	Present to 2030	A reduction in the amount of smoke, PM_{10} and $PM_{2.5}$ emitted in the Square Mile.	Env	✓

		Action	Detail	Timeline	Outcome	Dept.	Cost
Public Health and Raising Awareness	23	Prepare annual air quality briefings for colleagues and for the Director of Public Health.	Annual summary report detailing air quality data and action being taken to tackle air pollution.	Annually	Better informed colleagues.	Env	✓
	24	Disseminate information about air quality.	Promote the free CityAir Smart Phone App, the AirText service and Air Aware. Disseminate an e-newsletter. Raise awareness through social media channels. Bi-monthly community engagement at City of London libraries.	Present to 2030 Monthly 2025	Better informed public able to take steps to reduce exposure to poor air quality.	Env	✓
	25	Run events in support of National Clean Air Day.	Run up to three events each year.	Annually	Better informed individuals able to take steps to reduce exposure to poor air quality.	Env	✓
	26	Work with schools and nurseries in the Square Mile.	Monitor air pollution at all schools and nurseries. Provide ongoing advice and support and produce annual information reports for each school and nursery.	Annually	Reduced the impact of air pollution on the health of children in the Square Mile.	Env	✓
	27	Work with businesses to raise awareness of air pollution amongst workers.	Engage with business through the CityAir business engagement programme.	Present to 2030	Raised awareness of air pollution amongst workers in the City of London	Env	✓✓
	28	Raise awareness of the health impacts of poor indoor air quality.	Disseminate a leaflet about indoor air quality. Work with a consortium of 16 London boroughs to investigate residential indoor air quality.	Present to 2030 2024-2026	Improved understanding of how to improve indoor air quality. Identify sources of air pollution in residential properties.	Env	✓

Appendix 2: Air Quality Standards and Guidelines

National Context

In the UK, the responsibility for meeting air quality standards is devolved to the national administrations. The Secretary of State for Environment, Food and Rural Affairs has responsibility for meeting these in England. The Air Quality Standards Regulations 2010[25] contains the relevant standards and compliance date for different pollutants.

Table A2.1: UK Air Quality Standards

Pollutant	Standard	Concentration (mean)	Date to be achieved
Nitrogen Dioxide (NO_2)	200µg/m^3 not to be exceeded more than 18 times per year	1-hour	1 January 2010
	40µg/m^3	Annual	1 January 2010
Particulate Matter, PM_{10}	50µg/m^3 not to be exceeded more than 35 times per year	24-hour	31 December 2004
	40µg/m^3	Annual	31 December 2004
Particulate Matter, $PM_{2.5}$	20µg/m^3	Annual	1 January 2020
	20% reduction in concentrations	Annual	Between 2010 and 2020
Ozone	100µg/m^3 not to be exceeded more than 10 times per year	8-hour	31 December 2005

The Environment Act 2021, set additional legally binding targets for $PM_{2.5}$ in England.

Table A2.2: The Environmental Targets (Fine Particulate Matter) (England) Regulations 2023

Pollutant and Metric	Standard	Target Year
$PM_{2.5}$ annual mean concentration	Interim target: 12µg/m^3	2028
$PM_{2.5}$ annual mean concentration	Legally binding target: 10µg/m^3	2040
$PM_{2.5}$ population exposure	Interim target: 22% reduction in exposure compared to 2018	2028
$PM_{2.5}$ population exposure	Legally binding target: 35% reduction in exposure compared to 2018	2040

The Air Quality Standards Regulations[25] requires the UK to complete an air quality assessment annually and to report the findings. The annual Air Pollution in the UK report[26] provides a high-level summary of compliance, against the pollutants stated above and

[25] The Air Quality Standards Regulations 2010 (SI 2010 No. 1001)

[26] Department for Environment, Food and Rural Affairs (2023), Air Pollution in the UK 2022

many others, alongside background information on the UK's legal and policy framework and how air pollution is assessed.

For further information about national air quality legislation please see footnotes[27 and 28].

Local Authority Context

The statutory process for action by local authorities is the Local Air Quality Management (LAQM) Framework. The framework sets local limits for air pollution prescribed in the Air Quality (England) Regulations 2000 (as amended in 2002)[29]. Local authorities are required to assess the quality of ambient air. If it does not comply with the relevant concentrations, an Air Quality Management Area (AQMA) must be declared, and an Air Quality Action Plan (AQAP) published to address the areas of poor air quality. This strategy fulfils the role of an AQAP.

In London, the Greater London Authority (GLA) provides technical and policy context to all London boroughs plus the City Corporation. This London specific guidance is called London Local Air Quality Management (LLAQM) framework.

Table A2.3: LAQM Air Quality Standards in England

Pollutant	Standard	Averaging Period
Nitrogen dioxide (NO_2)	200µg/m^3 not to be exceeded more than 18 times a year	1-hour mean
	40µg/m^3	Annual mean
Particles (PM_{10})	50µg/m^3 not to be exceeded more than 35 times a year	24-hour mean
	40µg/m^3	Annual mean
Particles ($PM_{2.5}$)	Work towards reducing emissions/concentrations of ($PM_{2.5}$)	Annual mean

International Context

The above sets out the national context in terms of air quality legislation. On an international scale, the World Health Organisation (WHO) sets Air Quality Guidelines (AQGs) for ambient air pollutants[30]. They are designed to offer quantitative health-based recommendations for managing air quality. They are not legally binding, but they do provide an evidence-based tool to inform legislation and policy in WHO Member States, of which the United Kingdom is one. Current air quality targets in the UK are based on the 2005 guidelines.

[27] House of Commons (2024), Air Quality: policies, proposals, and concerns

[28] Department for Environment, Food and Rural Affairs (2023), Air quality strategy: framework for local authority delivery

[29] The Air Quality (England) (Amendment) Regulations 2002 (SI 2002 No. 3043)

[30] World Health Organisation (2021), WHO global air quality guidelines: Particulate matter ($PM_{2.5}$ and PM_{10}), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide

As evidence about the harmful health impacts of air pollution advances, the air quality guidelines are revised. The latest set of guidelines were published in September 2021. The 2021 guidelines are more stringent than those set in 2005 for nitrogen dioxide and particulate matter, $PM_{2.5}$ and PM_{10}. They are presented in Table A2.4 below.

In addition to the guidelines, interim targets have been set to guide the reduction of air pollution towards the achievement of the guidelines. This recognises the difficulty that some countries will face in meeting the new recommendations. The WHO considers there to be no safe limit of exposure to $PM_{2.5}$, and any reduction in $PM_{2.5}$ leads to positive health outcomes.

Table A2.4: World Health Organisation Recommended Air Quality Guidelines

Pollutant	Averaging Period	2021 Guidelines					2005 Guidelines
		Interim Target (µg/m³)				AQG (µg/m³)	AQG (µg/m³)
		1st	2nd	3rd	4th		
Nitrogen dioxide (NO_2)	Annual mean	40	30	20	-	**10**	40
	24-hour*	120	50	-	-	**25**	-
PM_{10}	Annual mean	70	50	30	20	**15**	20
	24-hour*	150	100	75	50	**45**	50
$PM_{2.5}$	Annual mean	35	25	15	10	**5**	10
	24-hour*	75	50	37.5	25	**15**	25

* 99th Percentile, equates to 3-4 exceedance days per year.

Appendix 3: London Atmospheric Emission Inventory

The Greater London Authority maintains a database of emission sources across London known as the London Atmospheric Emissions Inventory (LAEI). At the time of writing, the latest release of the LAEI has a baseline of 2019 and forecast years of 2025 and 2030. It should be noted that 2025 and 2030 are predictions from the baseline of 2019 and so the data should not be treated as absolute. The forecasts are based upon Mayor of London and wider national policies.

Pollutant Concentrations

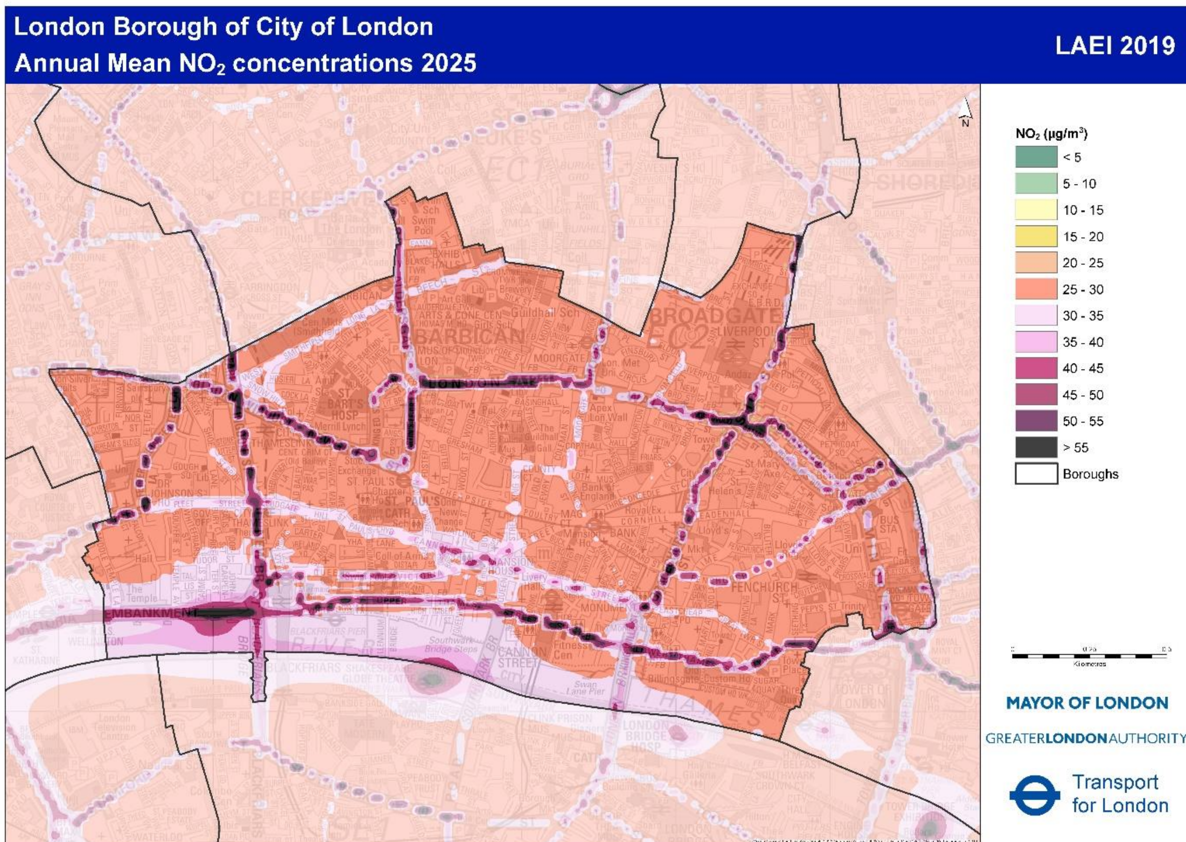
Figures A3.1-A3.3 present computer modelled concentrations of nitrogen dioxide and particulates, PM_{10} and $PM_{2.5}$, across the City of London for 2025 and 2030. Both 2025 and 2030 have been presented as they align with the implementation of this strategy. The forecasts do not include the measures detailed in Appendix 1.

Figure A3.1 shows that the majority of the Square Mile is predicted to be below the nitrogen dioxide annual mean standard of 40μg/m^3 in 2025. The areas that remain in exceedance are the main road links. Away from the transport sources concentrations are between 25 and 30μg/m^3. This is confirmed by monitoring data.

When compared to nitrogen dioxide, there is less geographical variation in modelled concentrations of particulate matter. Figure A3.2 shows that the majority of the Square Mile will have an annual mean concentration for PM_{10} in 2025 of between 15 and 20μg/m^3. This is significantly below the PM_{10} annual mean standard of 40μg/m^3. Slightly elevated concentrations are predicted in the carriageway of busy road links such as Farringdon Street, Bishopsgate, and Upper/Lower Thames Street.

Figure A3.3 shows that the majority of the Square Mile will have an annual mean concentration for $PM_{2.5}$ in 2025 of between 10 and 12.5μg/m^3. Like the PM_{10} concentration maps, slightly elevated concentrations of $PM_{2.5}$ are expected in the carriageway of the busiest roads.

Figure A3.1: Annual Mean Nitrogen Dioxide Concentrations, 2025 and 2030



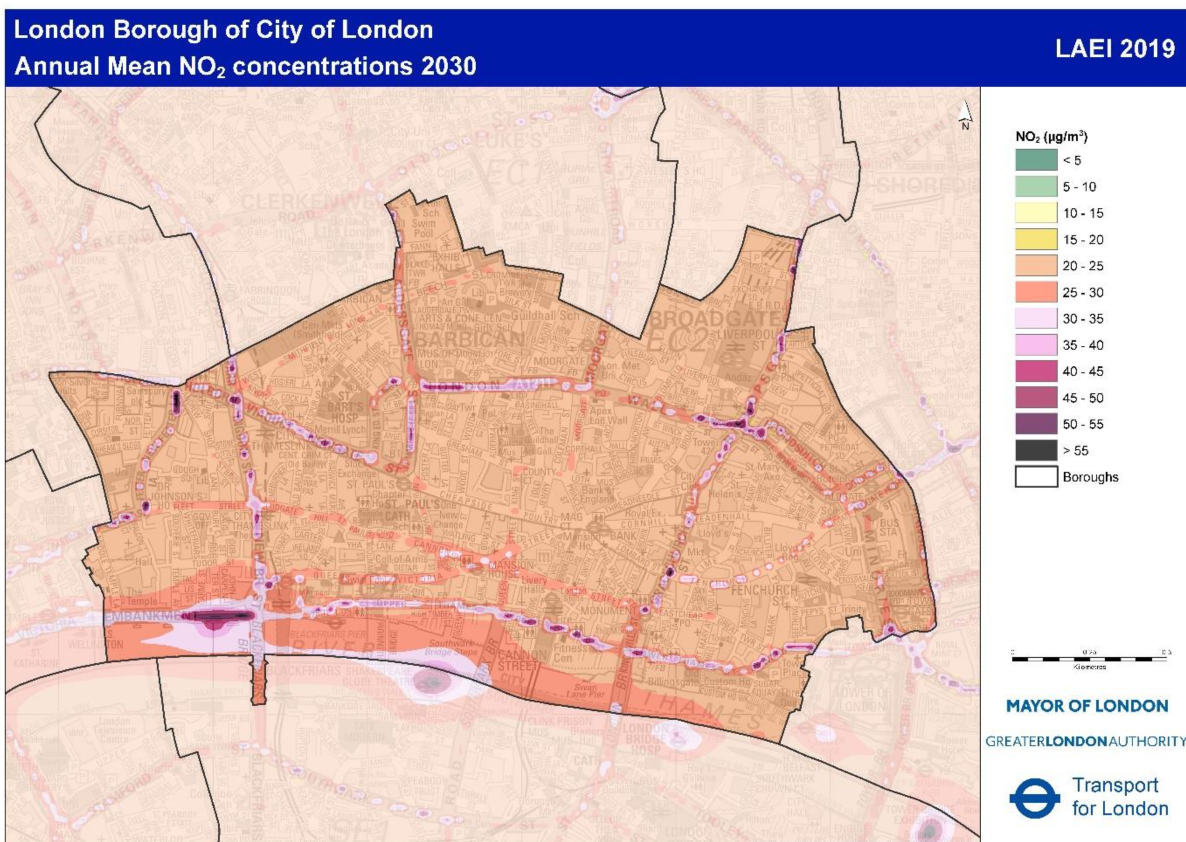
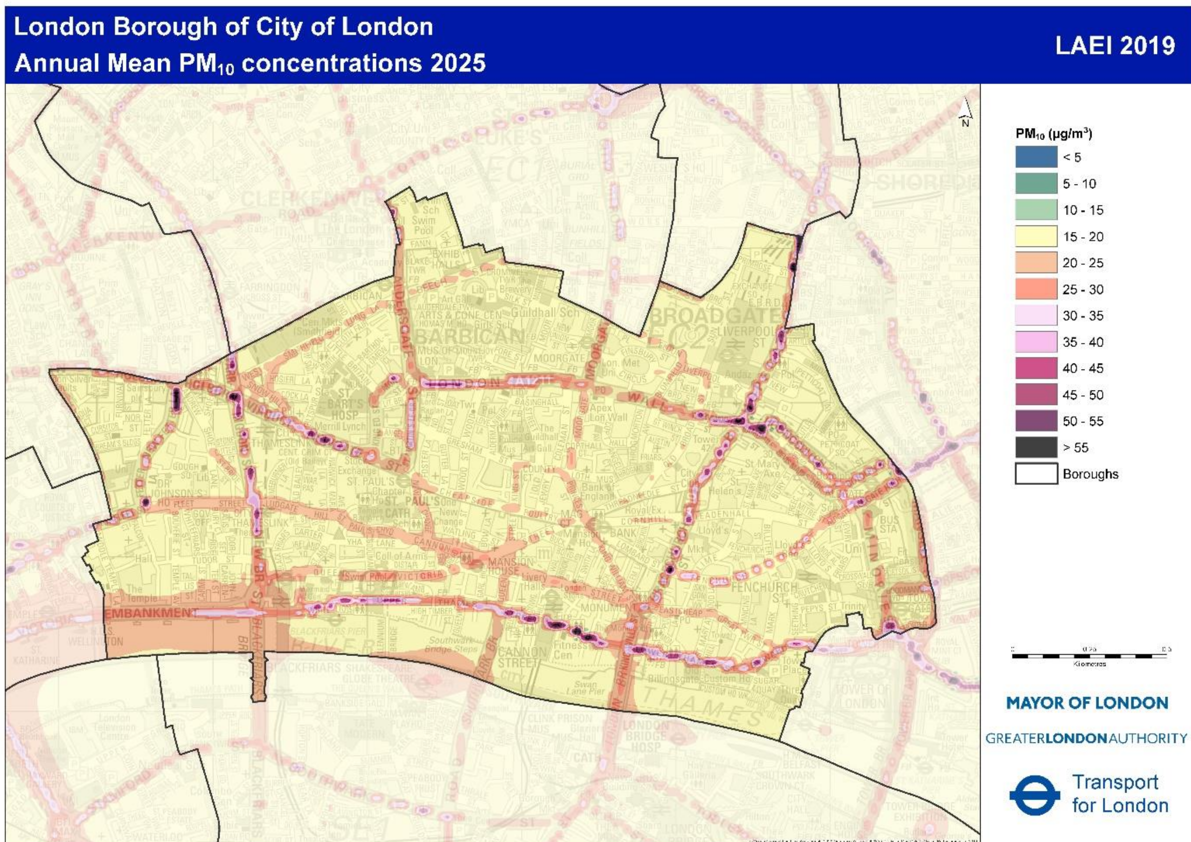


Figure A3.2: Annual Mean PM_{10} Concentrations, 2025 and 2030



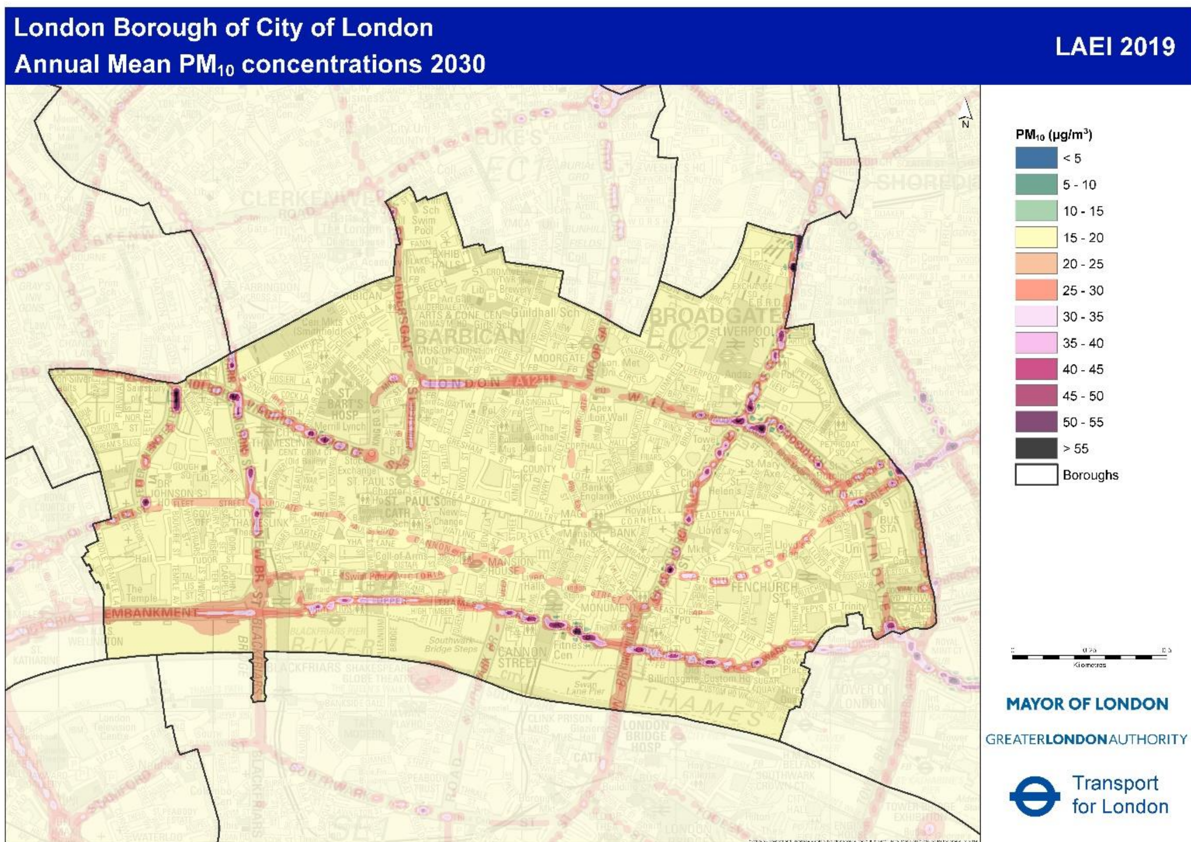
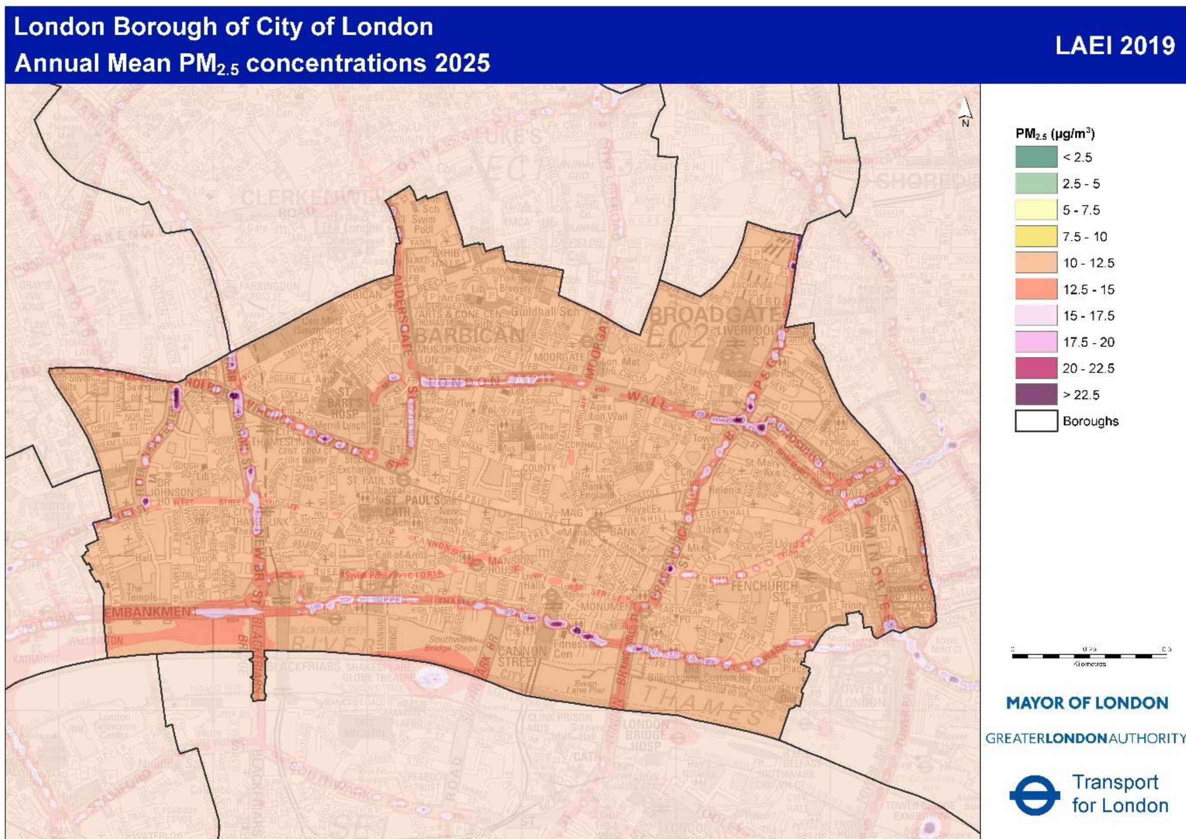
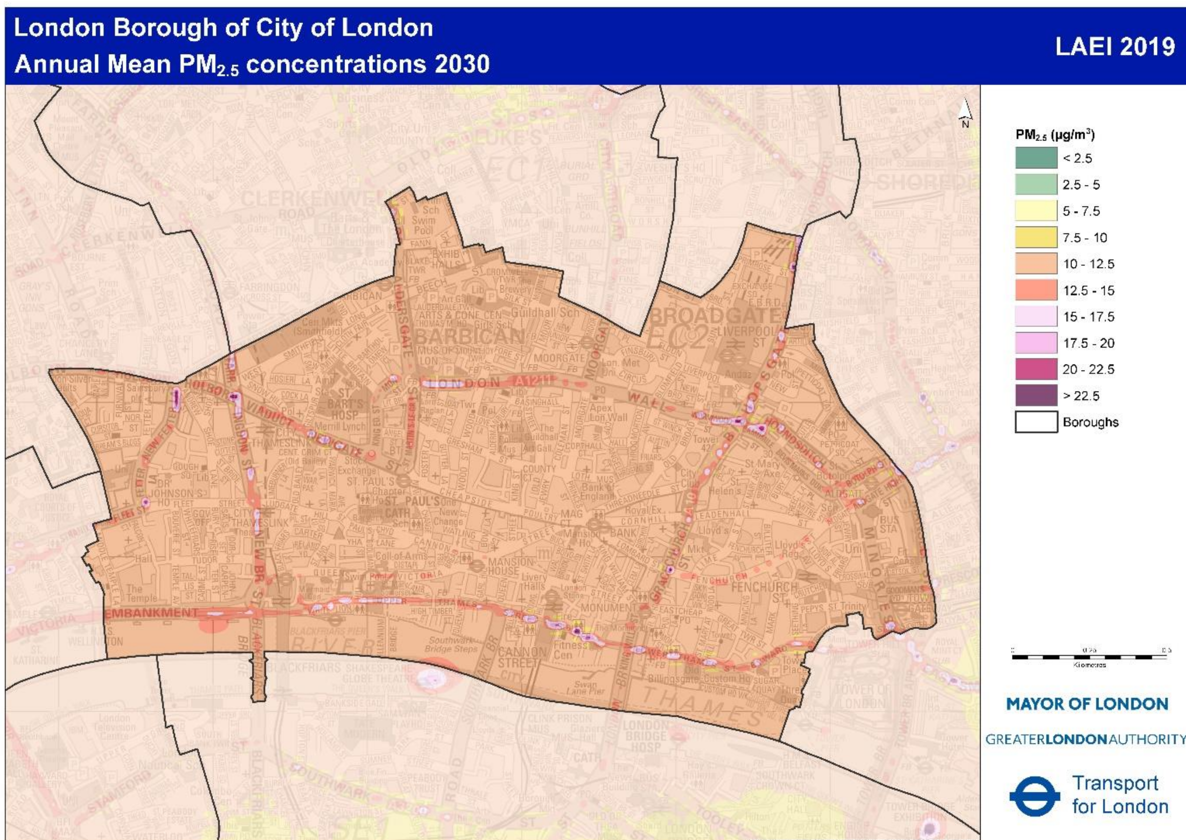


Figure A3.3: Annual Mean $PM_{2.5}$ Concentrations, 2025 and 2030

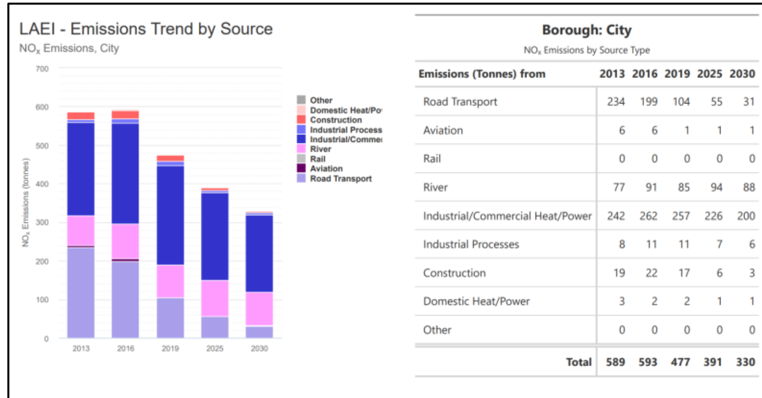




Pollutant Emissions

Figures A3.4-A3.6 show how emissions of nitrogen oxides and particulates originating in the Square Mile have changed from 2013 to 2019 and are predicted to change by 2030. The data allows identification of areas where targeted improvements can be made and is used as a tool to guide action.

Figure A3.4: LAEI Emissions, Nitrogen Oxides

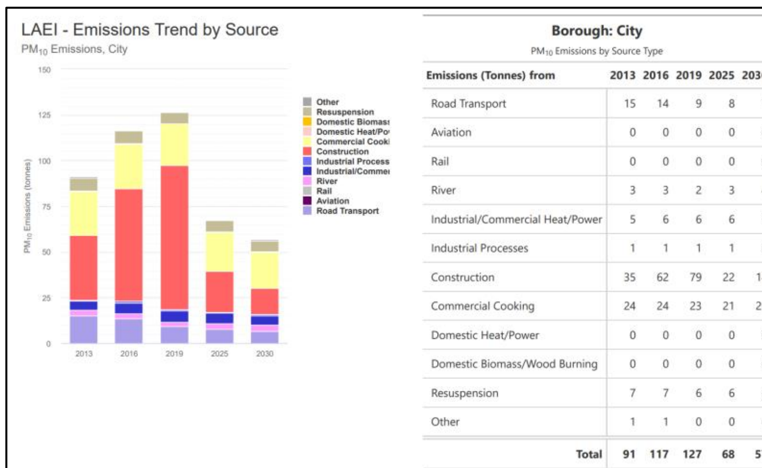


Borough: City

NO_x Emissions by Source Type

Emissions (Tonnes) from	2013	2016	2019	2025	2030
Road Transport	234	199	104	55	31
Aviation	6	6	1	1	1
Rail	0	0	0	0	0
River	77	91	85	94	88
Industrial/Commercial Heat/Power	242	262	257	226	200
Industrial Processes	8	11	11	7	6
Construction	19	22	17	6	3
Domestic Heat/Power	3	2	2	1	1
Other	0	0	0	0	0
Total	589	593	477	391	330

Figure A3.5: LAEI Emissions, Particulates, PM_{10}

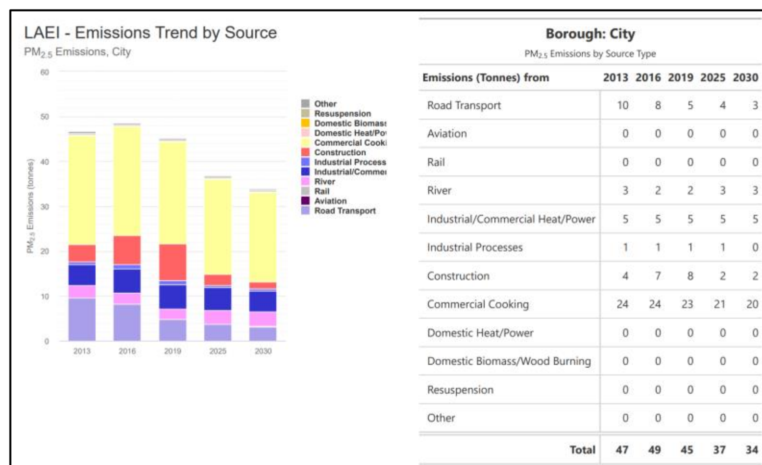


Borough: City

PM_{10} Emissions by Source Type

Emissions (Tonnes) from	2013	2016	2019	2025	2030
Road Transport	15	14	9	8	7
Aviation	0	0	0	0	0
Rail	0	0	0	0	0
River	3	3	2	3	4
Industrial/Commercial Heat/Power	5	6	6	6	5
Industrial Processes	1	1	1	1	0
Construction	35	62	79	22	14
Commercial Cooking	24	24	23	21	20
Domestic Heat/Power	0	0	0	0	0
Domestic Biomass/Wood Burning	0	0	0	0	0
Resuspension	7	7	6	6	6
Other	1	1	0	0	0
Total	91	117	127	68	57

Figure A3.6: LAEI Emissions, Particulates, $PM_{2.5}$



Borough: City

$PM_{2.5}$ Emissions by Source Type

Emissions (Tonnes) from	2013	2016	2019	2025	2030
Road Transport	10	8	5	4	3
Aviation	0	0	0	0	0
Rail	0	0	0	0	0
River	3	2	2	3	3
Industrial/Commercial Heat/Power	5	5	5	5	5
Industrial Processes	1	1	1	1	0
Construction	4	7	8	2	2
Commercial Cooking	24	24	23	21	20
Domestic Heat/Power	0	0	0	0	0
Domestic Biomass/Wood Burning	0	0	0	0	0
Resuspension	0	0	0	0	0
Other	0	0	0	0	0
Total	47	49	45	37	34

Appendix 4: Monitoring Data, Further Assessment

The automatic and passive monitoring sites used for assessing long term changes over 15-years, are detailed in Table A4.1 and Table A4.2.

Table A4.1: Automatic Monitoring Sites

Site Name	Site ID	Site Type	Pollutants Monitored
Farringdon Street	CT2	Roadside	$PM_{2.5}$
The Aldgate School*	CT3	Urban Background	NO_2, PM_{10} $PM_{2.5}$
Beech Street	CT4	Roadside	NO_2, PM_{10}
Walbrook Wharf**	CT6	Roadside	NO_2
Upper Thames Street***	CT8	Roadside	PM_{10}
Guildhall	CT9	Urban Background	O_3
Bell Wharf Lane	CTA	Roadside	NO_2, PM_{10}

Notes:

* Previously known as Sir John Cass Foundation Primary School.

** Walbrook Wharf was decommissioned in January 2023 with the NO_x analyser relocated to Bell Wharf Lane.

*** Upper Thames Street was decommissioned in September 2021 with the PM_{10} analyser relocated to Bell Wharf Lane in May 2022.

Table A4.2: Long-term Passive Nitrogen Dioxide Monitoring Sites

Site Name	Site ID	Site Type
St Bartholomew's Hospital	CL5	Urban Background
Queen Victoria Street	CL38	Roadside
Fleet Street	CL39	Roadside
Mansell Street	CL40	Roadside
Barbican Centre, Speed House	CL55	Urban Background

Nitrogen Dioxide

Annual Mean Standard

A comparison of nitrogen dioxide annual mean concentrations between 2009 and 2023 is detailed in Table A4.3. Over a 15-year period, significant reductions have been experienced at all sites. The greatest reduction in concentrations between 2009 and 2023 was 79µg/m^3 at Walbrook Wharf, and in terms of percentage reduction the greatest was 63% at the Aldgate School.

Table A4.3: 15-year Reduction of Nitrogen Dioxide Concentrations

Site ID	Site Type	Annual Mean		Concentration Reduction	
		2009	2023	μg/m³	%
CL5	Urban Background	42.7	33.4	9.3	22%
CL38	Roadside	66.9	27.1	39.8	59%
CL39	Roadside	102.3	37.9	64.4	63%
CL40	Roadside	66.8	25.6	41.2	62%
CL55	Urban Background	42.6	18.7	23.9	56%
CT3	Urban Background	56	21	35.0	63%
CT4	Roadside	90	36	54.0	60%
CT6	Roadside	131	52 (2022)	79.0	60%
CTA	Roadside	-	32	-	-

Over the 15-year period, the average reduction at roadside sites was 55.7μg/m³, compared to an average reduction of 18.0μg/m³ at urban background locations. This average reduction can be seen in Figure A4.3. When compared against national nitrogen dioxide average concentrations, although concentrations have reduced significantly, average roadside and urban background concentrations have always been higher than national averages.

Figure A4.1: Annual Mean Nitrogen Dioxide, 2009 to 2023: Automatic Monitoring Sites

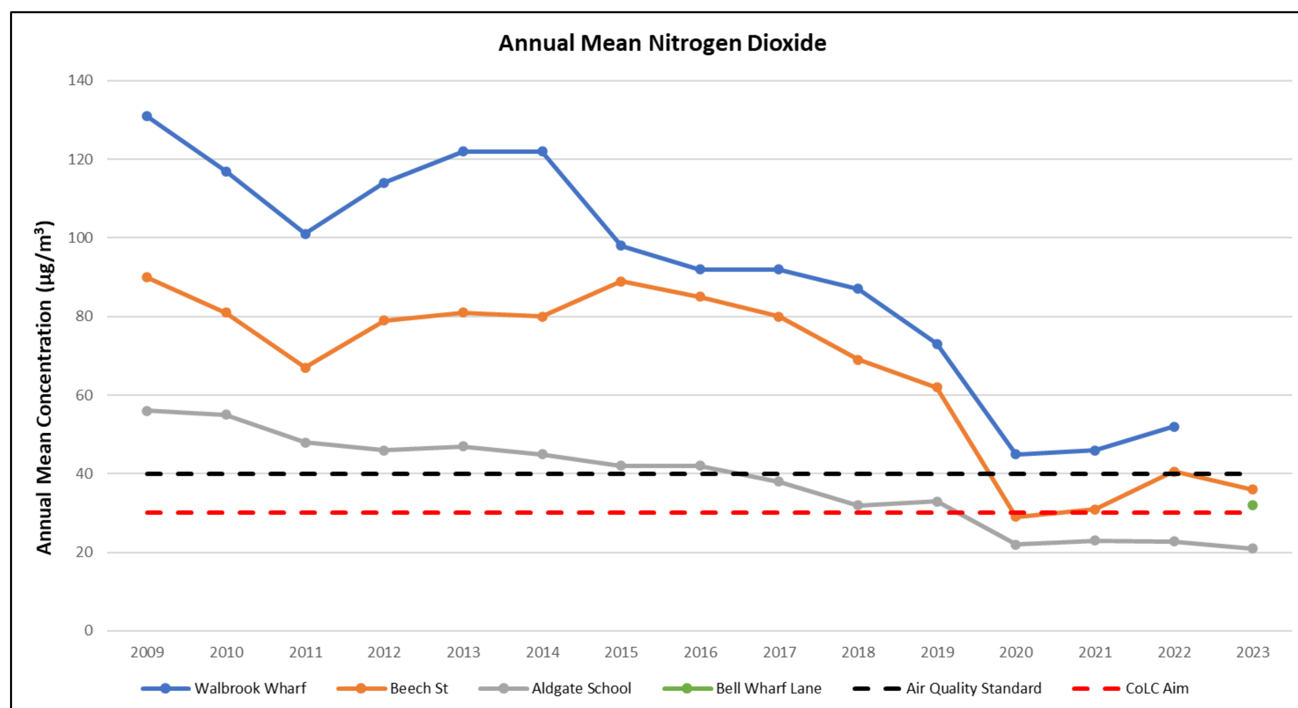


Figure A4.2: Annual Mean Nitrogen Dioxide, 2009 to 2023: Long-term Passive Sites

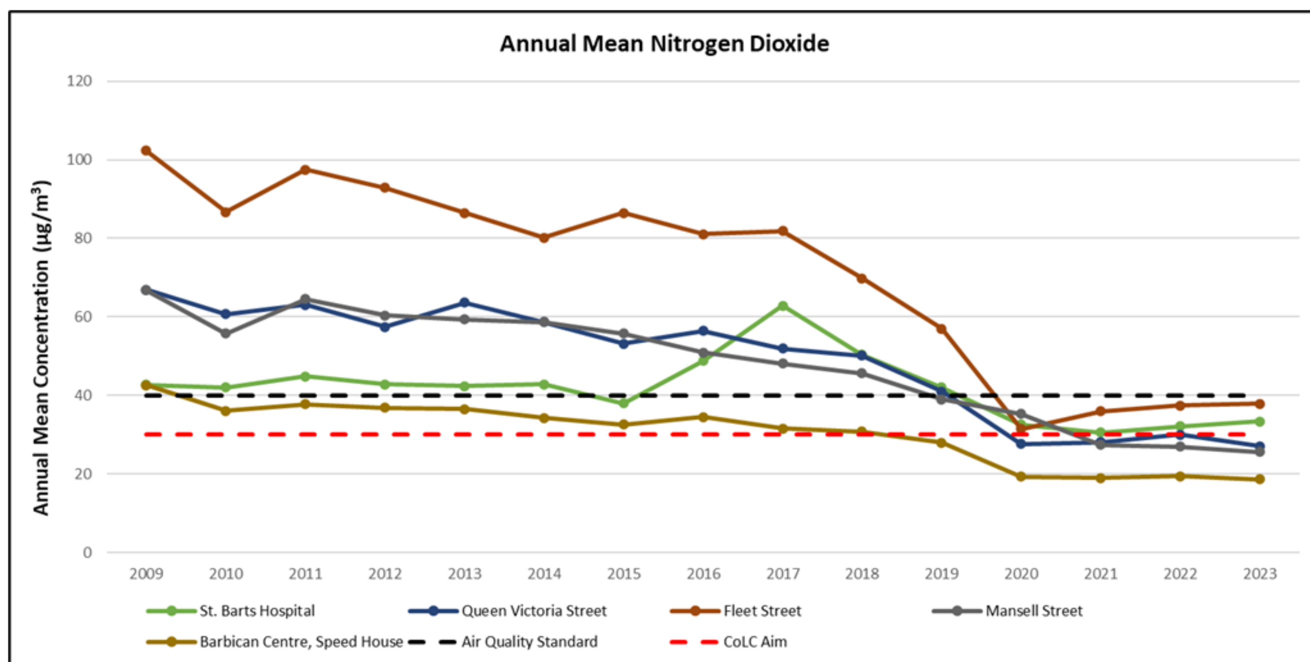
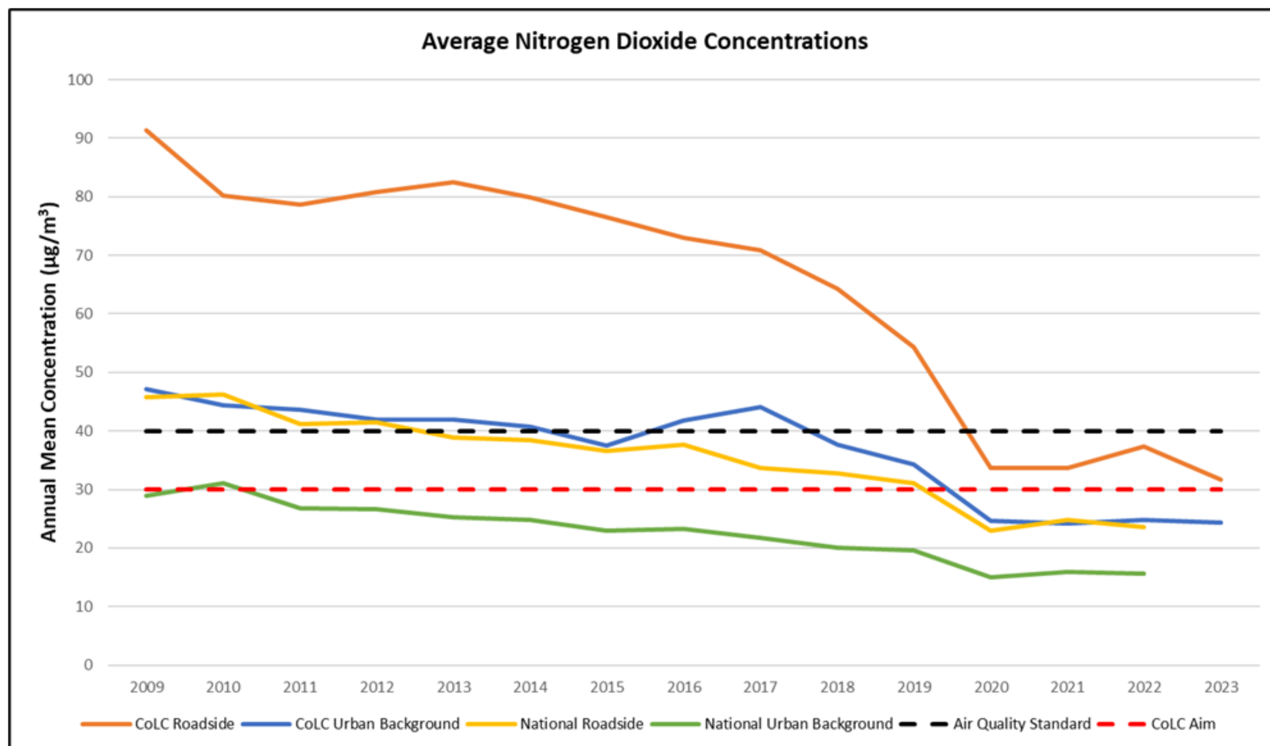


Figure A4.3: Average Annual Mean Nitrogen Dioxide Concentrations, 2009 to 2023: City of London and National Trends

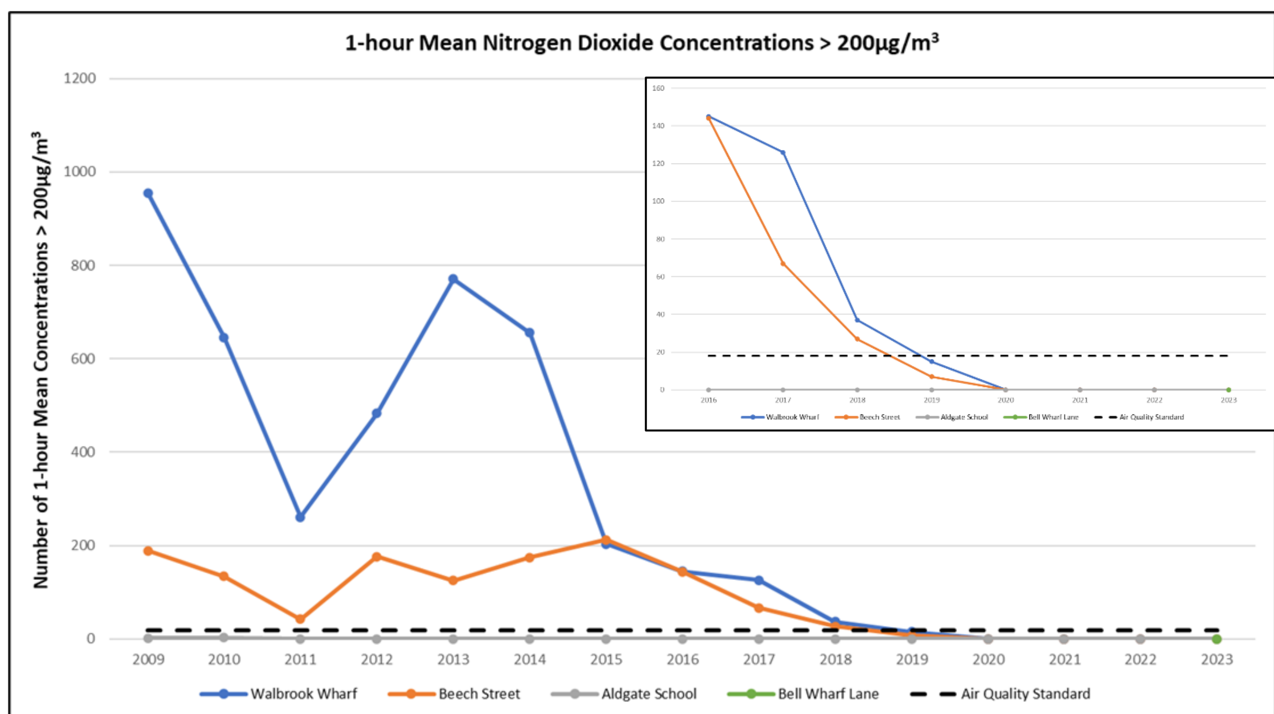


One Hour Standard

In addition to the annual mean standard for nitrogen dioxide, the 1-hour air quality standard of 200µg/m^3 is also assessed in the Square Mile. To achieve compliance there must be no more eighteen instances of the 1-hour concentration in a year. To accurately assess compliance against the 1-hour standard, automatic analysers are used to assess hourly monitoring data, but due to their passive nature, diffusion tubes are not. As per LLAQM guidance[31], a proxy annual mean concentration of 60µg/m^3 can be used to predict if there is likely to be an exceedance of the 1-hour standard at a passive nitrogen dioxide monitoring site.

Figure A4.4 details 1-hour mean concentrations greater than 200µg/m^3 at the automatic monitoring sites. There has been a significant reduction achieved at both roadside monitoring locations. In 2009 there were almost 1,000 1-hour concentrations greater than 200µg/m^3 monitored at Walbrook Wharf, the site achieved compliance in 2019. The Aldgate School has continually reported compliance with the 1-hour standard, and all automatic sites have reported compliance since 2019.

Figure A4.4: 1-hour Mean Nitrogen Dioxide, 2009 to 2023



[31] Mayor of London (2019), London Local Air Quality Management (LLAQM): Technical Guidance 2019 (LLAQM.TG (19))

Particulate Matter, PM_{10}

Annual Mean Standard

Over a 15-year period, significant reductions in annual mean PM_{10} concentrations have been experienced at all sites, primarily at roadside monitoring locations. Annual mean concentrations at Upper Thames Street and Beech Street have declined by 17µg/m3 and 13µg/m3 respectively, and experienced similar percentage reductions of 47% and 46%. The Aldgate School, an urban background monitoring location, experienced a smaller overall reduction in terms of concentration and as a percentage over the 15-year monitoring period of 3µg/m3 and 17%.

Over the 15-year period, there was only one exceedance of the 40µg/m^3 annual mean air quality standard at Upper Thames Street in 2015. In addition, the aim of achieving an annual mean of 15µg/m^3 was met at Beech Street in 2021 and at The Aldgate School in 2023.

24-Hour Standard

In addition to the annual mean standard for PM_{10}, the 24-hour air quality standard of 50µg/m^3 applies. To achieve compliance there must be no more thirty-five instances of the 1-hour concentration in a year. Figure A4.6 details instances of 24-hour mean concentrations greater than 50µg/m^3. There has been a significant reduction at both roadside locations in the time-period, and there have been no instances of non-compliance since 2016. The Aldgate School has continually reported compliance with the 24-hour standard for the 15-year period.

Figure A4.5: Annual Mean PM_{10}, 2009 to 2023

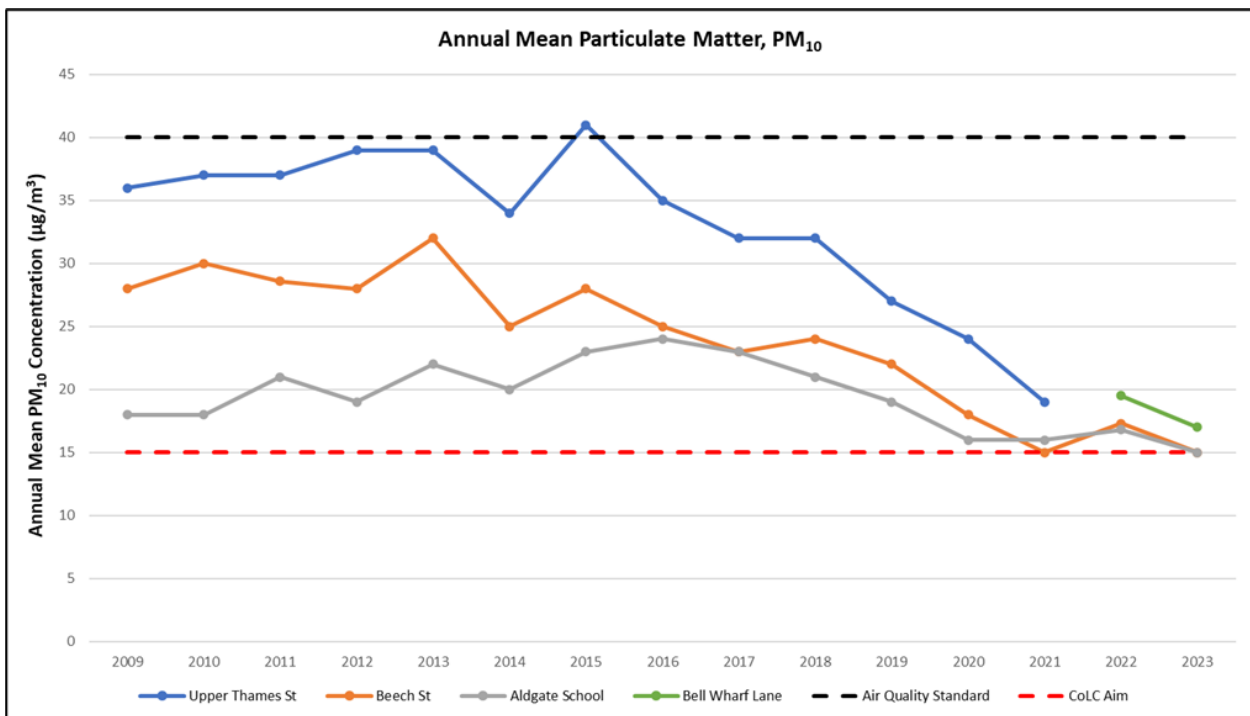
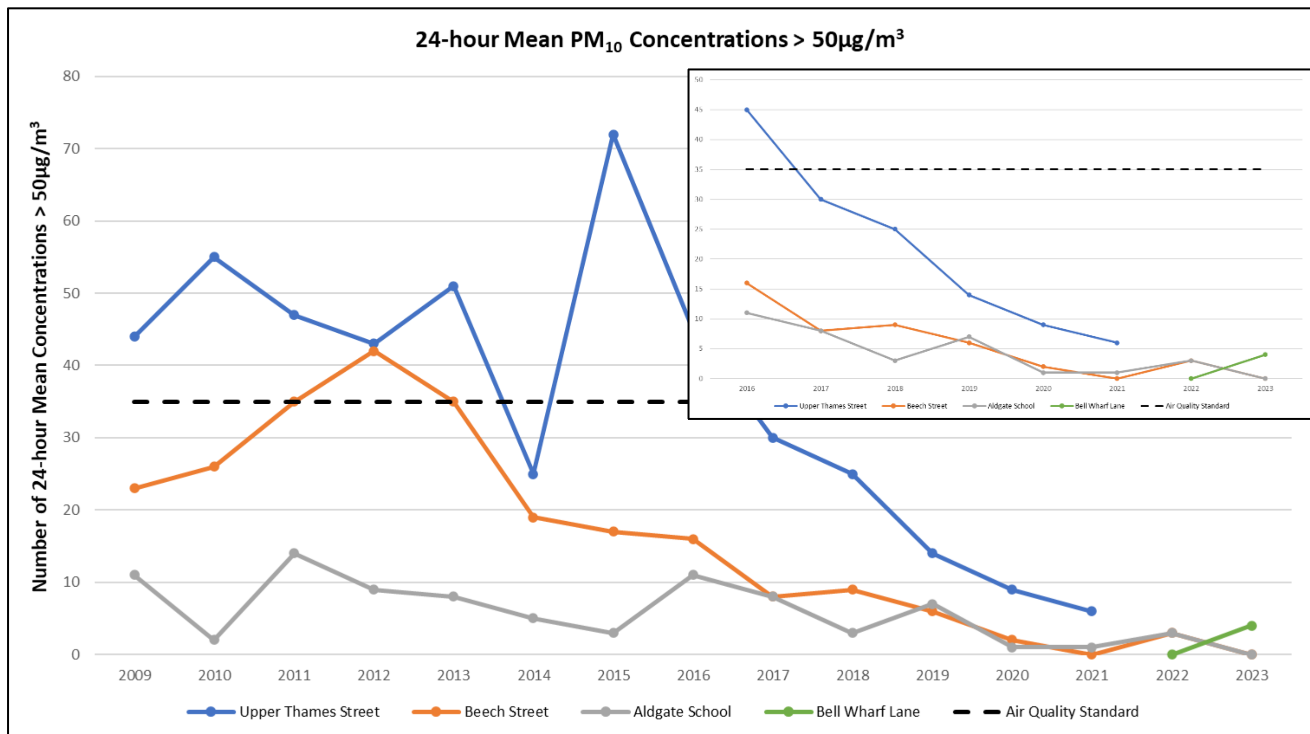


Figure A4.6: 24-hour Mean PM_{10}, 2009 to 2023



Particulate Matter, $PM_{2.5}$

The $PM_{2.5}$ analysers at both Farringdon Street and the Aldgate School were installed in 2016, therefore all results for the two sites have been presented in Figure 2.6 in the main report. The annual mean concentrations for the two monitoring sites do not vary significantly, with the greatest difference between the two sites being 4µg/m^3 in 2018.

Compared to nitrogen dioxide and PM_{10}, $PM_{2.5}$ has a smaller variation between a roadside and urban background site. This is partly due to concentrations of $PM_{2.5}$ being lower than other pollutants, and due to increased dispersion of $PM_{2.5}$ rather than a simple source and concentration relationship.

Ozone

Ozone has been measured at the Guildhall since March 2022. Although this is not a requirement through the LLAQM framework, it is measured as it has an impact on health at high levels.

Ozone is primarily a secondary pollutant, therefore there are no major emission sources in the Square Mile. Most of the ozone is instead formed in the air from reactions between other pollutants. Pollutants photochemically react outdoors in the presence of sunlight to produce ground-level ozone. Similar reactions can occur with nitrogen oxides as a precursor.

In addition to the annual mean, a comparison against the 8-hour air quality standard is presented in Table A2.1.

Table A4.4: Ozone Monitoring Results

	2022	2023
Annual Mean (µg/m^3)	54.1	52.5
100 µg/m^3 not to be exceeded more than 10 times per year	22	22

Appendix 5: Air Quality Partner Commitments

The Environment Act 2021[32] introduced the concept of Air Quality Partners (AQPs) into the LAQM framework. AQPs are public bodies that are required to assist local authorities with reasonable requests and contribute to AQAPs.

The City Corporation has identified three AQPs:

1. The Environment Agency;
2. The Port of London Authority;
3. The Mayor of London:
    a) The Greater London Authority; and
    b) Transport for London

Engagement with these organisations has taken place to ascertain the actions they are currently taking to reduce pollutant emissions from the operations that they are responsible for. The information received from each AQP is summarised overleaf. Active engagement will continue with each AQP throughout the delivery of the strategy.

[32] Environment Act. (c.30). London: The Stationery Office.

Table A5.1: Air Quality Partner Information

The Environment Agency (EA)

- We continue to implement the requirements for the Medium Combustion Plant (MCP) Directive and domestic legislation of Specified Generators (SG). These will apply MCP Directive Annex II Emission Limits; applied to new and existing combustion plant depending on the date they are put into operation and the thermal capacity. Compliance with Emission Limit Values for existing MCP with a rated thermal input greater than 5MWth is the 1 January 2025. For existing MCP with a rated thermal input less than 5MWth, which is more likely to be plant located within the City of London and its surrounding, the compliance date is 1 January 2030.

- MCP that are also Specified Generators may have stricter Emission Limits than specified in the MCP Directive Annex II or Schedule 25B EPR where they are necessary to ensure Air Quality Standards are met. In the City of London this situation may apply to reciprocating engines providing combined heat and power to residential and commercial premises.

- We have implemented BAT for new standby back-up generation on Part A (1) Installations and may require the use of abatement (beyond BAT) for large arrays of diesel back-up standby, such as Data Centres, to manage short term peak NO_2 immediately adjacent to these regulated facilities. Implementation of the Waste Incineration BAT conclusions has reduced emissions of NO_2 from existing waste incineration plant by at least 10% by the end of last year, which will reduce the transboundary contribution from incineration plant within the capital and its surroundings. This work will have less reduction on emissions of $PM_{2.5}$ as Waste Incineration Plant are low emitters of particulate matter due to the high capture efficiency of flue gas abatement systems.

- In terms of plant that are regulated by the EA the following is relevant to the Square Mile:

  - There are three issued permits for MCP/SG, all of which are standard rules and have been appropriately consulted on
  - There are no new or current MCP applications in our systems located within the City of London boundary or within 800m of it.
  - There is one Industrial Emissions Directive Environmental Permitting Regulations installation permit of aggregated MCP to >=50MWth (UBS AG Broadgate EPR/ZP3238DK) which was subject to Best Available Techniques and consultation.

The Port of London Authority (PLA)

- The PLA has an Air Quality Strategy (Air Quality Strategy for the Tidal Thames: June 2020) which details an action plan for reducing emissions on the Thames. Since the 2018 and 2020 strategies were published, 14 actions have been completed and 13 are still ongoing, with the aim of raising awareness, knowledge sharing and monitoring emissions on the river. More information on the progress of the previous strategy actions will be detailed in the upcoming 2024 strategy update.

- The PLA conduct quarterly and annual river-side monitoring of the river from London Gateway to Richmond. This is done via real-time monitoring and passive NO_2 monitoring. Monitoring allows us to track progress against our PM and NO_x emission reduction targets which reflect the objectives of the Clean Maritime Plan, Clean Air Strategy and Climate Change Act 2008:

  - 20% reduction by 2026
  - 40% reduction by 2030
  - 50% reduction by 2040
  - 80% reduction by 2050

- The updated Air Quality Strategy is to be published in 2024 with updated actions that plan to deliver emission reduction river wide.

- In 2024 the PLA's Net Zero River Plan will be published, which has been created with the input of river operators on the Thames. It is an action plan to facilitate the achievement of net zero ambitions on the river, working in partnership with stakeholders.

- The PLA fleet currently consists of 29 vessels which have been involved various trials to demonstrate the effectiveness of certain technologies to reduce emissions to air.

Recent changes to the PLA fleet include:	
In 2022 a workboat vessel was retrofitted with selective catalytic reduction (SCR) technology to test pre and post emissions. Results showed a reduction in both NO_x and PM emissions.	Following a successful trail in 2021, the whole of the PLA fleet transition to hydrotreated vegetable oil (HVO) fuel in 2022 instead of diesel fuel.

Future changes to the PLA fleet include:	
The Director of Marine Operations is currently conducting a fleet review. This review will consider the sustainability of the current fleet.	Funding has been secured to operate an unmanned hydrogen fuelled survey vessel. It is estimated that this will be part of the fleet by 2025.

- Internally, we are exceeding our targets of emission reduction thanks to our transition to biofuel (HVO) in 2022. This transition reduced our scope 1 emissions by 50%, putting us two years ahead of our target schedule. Our river-side monitoring network and newly developed Maritime Emissions Platform by RightShip is allowing us to track against our targets more effectively from 2023. By 2026 we do aim to hit our targets of emission reduction of 20% NO_x and PM port wide. The Net Zero River Plan and Thames Vision are our action plans for achieving our targets outlined for beyond 2026, with the goal of aiding our operators reach their internal net zero targets as well as the overarching government target of net zero by 2050.

The Greater London Authority (GLA) and Transport for London (TfL)

- The Mayor's Transport Strategy sets the ambitious target of 80% of trips made by sustainable modes such as public transport, cycling and walking by 2041. The Mayor and TfL will continue to invest in making it easier and safer to travel by these modes, which will also have air quality benefits.

- Between 2016 and 2020, TfL replaced older buses and new buses, and retrofitted mid-life buses with new exhaust systems meeting Euro VI emissions. Since January 2021, the entire bus fleet has met or exceeded this standard. Upgrading the fleet to meet the latest Euro VI emissions has significantly reduced the contribution from TfL buses to transport-related NO_x emissions, with the proportion of transport NO_x emissions coming from TfL's buses reducing from 15% to around 4%.

- TfL has been introducing zero-emission buses from 2016 onwards and there are now over 1,300 zero-emission buses in the fleet that operate across London. TfL has a target of converting the entire bus fleet to zero-emission no later than 2034 or accelerate to 2030 with additional government funding. Most buses operate in London for between 10-14 years. After this time, existing vehicles leave the fleet (once a route contract has ended) and new zero-emission buses will join.

- There are 35 current bus routes that pass through the Square Mile. Of these routes, 97% operate a mix hybrid and fully electric vehicles and 17% of routes operate solely fully electric vehicles. Additionally, it is planned for the diesel route and three hybrid routes to become fully electric in 2024/25.

Vehicle Type	Routes
Diesel	1
Hybrid	27
Electric/Hybrid	1
Electric	6

Engine Type	Routes
Euro V+SCRT	5
Euro V+SCRT / Euro VI	2
Euro VI	21
Electric / Euro VI	1
Electric	6

- TfL contracted bus operators are responsible for maintaining the vehicles they operate. TfL monitors air quality in London but does not monitor individual bus emissions as buses have been type approved by the Vehicle Certification Agency to the latest Euro standards and have On Board Diagnostics (OBD) for monitoring in service by the DVSA.

- Currently 8,419 licensed taxis are zero emission capable (ZEC), which accounts for over half of the fleet. Since January 2018, all vehicles new to licencing have been required to be ZEC. As a result of the specified age limits for taxi vehicles, which is set out as a maximum of 15 years for Euro 6 vehicles, by January 2033 at the latest the whole fleet will be ZEC.

- For more information regarding the schemes delivered by the Mayor of London, please visit the GLA Air Quality website, Mayors Transport Strategy and London Environment Strategy. These strategies outline the ambitious work delivered by the Mayor to improve air quality across London.

Appendix 6: Air Quality Policies in the Draft City Plan 2040

Draft Policy HL2: Air Quality

1. Developers will be required to effectively manage the impact of their proposals on air quality. Major developments must comply with the requirements of the Air Quality SPD for Air Quality Impact Assessments (AQIAs);

2. Development that would result in a worsening of the City's nitrogen dioxide or PM_{10} and $PM_{2.5}$ pollution levels will be strongly resisted;

3. All developments must be at least Air Quality Neutral. Developments subject to an EIA should adopt an Air Quality Positive approach. Major developments must maximise credits for the pollution section of the Building Research Establishment Environmental Assessment Method (BREEAM) assessment relating to on-site emissions of oxides of nitrogen (NO_x);

4. Developers will be expected to install non-combustion energy technology where available

5. A detailed AQIA will be required for combustion based low carbon technologies (e.g. biomass, combined heat, and power), and any necessary mitigation must be approved by the City Corporation;

6. 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;

7. Construction and deconstruction and the transport of construction materials and waste must be carried out in such a way as to fully minimise air quality impacts possible. Impacts from these activities must be addressed within submitted AQIAs. All developments should comply with the requirements of the London Low Emission Zone for Non-Road Mobile Machinery;

8. 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 part of the development to ensure maximum dispersion of pollutants and be at least three metres away from any publicly accessible roof spaces.

Technical Glossary

Annual mean: The average concentration of a pollutant measured over one year.

1-hour mean: The average concentration of a pollutant measured over one hour.

8-hour mean: The average concentration of a pollutant measured over eight hours.

24-hour mean: The average concentration of a pollutant for a single day.

µm: Micrometer, equal to one millionth of a meter.

µg: Microgram, equal to one millionth of a gram.

$µg/m^3$: Microgrammes per cubic metre. A measure of concentration in terms of mass per unit volume. A concentration of $1µg/m^3$ means that one cubic metre of air contains one microgram of pollutant.

kW: Kilowatts, unit of electric power.

MW: Megawatt, equal to 1,000 kilowatts.

MWth: Megawatt thermal, unit of thermal power.

Emission: The release, direct or indirect, of an air pollutant into the atmosphere.

Concentration: The amount of a particular air pollutant in the air.